

Enrollment Agreements

Dear Parent or Guardian of Ridge Creek Student,

This form contains information and agreements pertaining to your student's health and wellness while he/she is enrolled at Ridge Creek. It also contains releases of liability and instructions on media releases and information sharing. Please carefully read and fill in all blanks. Please sign all spaces where signatures are requested. Your student cannot be enrolled in Ridge Creek without this form. Thank you for your assistance.

1. Student's Name: First: Last: MI:

2. Medical Policy:

I understand and agree that a physical examination dated within 12 months of enrollment, including blood work, is necessary to enroll my student at Ridge Creek. If I do not furnish Ridge Creek the results of my student's physical examination and blood work upon enrollment, I agree to allow Ridge Creek to have my student examined and tested locally. The local facility will bill parent/insurance for any necessary testing. In addition, I understand that my student must have a current tetanus booster within 10 years, and a tuberculosis skin test within one month of admission.

In addition, I hereby authorize and consent to any X-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis, treatment and hospital care to be rendered to my student while enrolled at Ridge Creek, under general supervision and upon the advice of a physician licensed under the provisions of the Medical Practice Act. I also hereby authorize any insurance benefits to be paid directly to any hospital or doctor providing care, and I recognize my responsibility to pay for all non-covered services. In addition, I authorize the physician to release any information necessary to process an insurance claim.



Parent/Guardian Signature

2. Dental Policy:

Due to Ridge Creek's Georgia state licensure regulations we require every Ridge Creek student to have a dental exam dated within six months of enrollment. If the student arrives at Ridge Creek, and does not have a current dental exam, we will have him examined by our consulting dental care provider. These medical costs will be billed to the family by the consulting dental provider. In addition, if your student has a dental emergency while enrolled at Ridge Creek, we will need your authorization to allow us to get him emergency dental treatment. I hereby authorize and consent to any X-ray, examination, treatment or care to be rendered to the above named student by a consulting dental care provider while the student is enrolled at Ridge Creek who is licensed under the laws of the State of Georgia.

I understand that services that are rendered to my student to include X-rays, examinations, cleanings and any service deemed necessary by the dentist will be billed to parent/insurance. In turn, Ridge Creek and the dentist will provide the Parent/Guardian a detailed billing that will be sufficient to send to your dental insurance carrier for claim processing. The Parent/Guardian is solely responsible for filing all insurance-related items and will receive all payments from said insurance company for any dental services received at Ridge Creek.

If Ridge Creek's consulting dental care provider decides that he needs the dental records on your student to ensure proper treatment or examination, we will need your permission to contact your dentist to request your dentist to send our contract dentist your student's dental records.

Please provide your student's dentist's information below:

Dentist Name:

Dentist's Address:

Phone:

By signing below, I agree to all of the conditions of the dental policy described above:



Parent / Guardian's Signature

3. Voice and Media:

Ridge Creek sometimes uses photos of our students doing activities such as climbing and rappelling for promotional materials. We also sometimes use written or oral statements made by students concerning the benefits of the Ridge Creek program. Your student's name will not be used. If you would like to give us permission to use your student's photograph and other media, please sign the agreement below:

I ☐ authorize ☐ do not authorize (check one box please) Ridge Creek to use the photograph, voice, and/or written product of my student in any media Ridge Creek deems appropriate. I understand my student's name will not be used unless further permission is granted by me.

 _____
Parent/Guardian Signature 

4. Psychological Testing:

The State of Georgia requires a psychological evaluation by a psychologist or psychiatrist within one year of enrollment to ensure that Ridge Creek is an appropriate placement for your student. If you do not have any existing psychological evaluation results, Ridge Creek must contract with a psychologist to conduct a diagnostic interview with your student prior to admission. If you fail to provide the existing evaluation then within thirty days of your student's arrival at Ridge Creek they will complete a independent psychological evaluation at a cost to the family as detailed on expenses outside of tuition. If the psychologist determines that your student is not appropriate for Ridge Creek, you are responsible for your student's transportation back home or to other placement. Ridge Creek cannot hold your student for more than two hours after the psychological evaluation.

I hereby give my consent for Ridge Creek to contract with a psychologist for the purpose of evaluating my student's appropriateness for the Ridge Creek program. I also understand that I am responsible for my student's transportation if he is deemed inappropriate for Ridge Creek.

 _____
Parent/Guardian Signature 

5. Notice and Release:

The undersigned, being the legal Custodian and _____
Guardian of

(please print full name of student) (hereinafter referred to as the "Student"), a student who has been enrolled or will be enrolled in Ridge Creek (hereinafter referred to as the "Program"), and the undersigned Student, have been informed that the Program is a non-lockup, non-restraint facility. However, when absolutely necessary, we are trained and certified to perform TACT-2 Therapeutic holds to prevent a student from causing physical harm to themselves or others. If it is necessary to perform a therapeutic hold on a student it is highly likely that that student will have escalated to a point where they will need a higher level of structure then Ridge Creek can safely provide and the student will be transferred to a psychiatric hospital for evaluation. The undersigned have been informed that the Program is not, and will not, be the legal custodian and/or guardian of the Student and that the Program is not responsible for actions taken by the Student either while on or off the Program property. Furthermore, the undersigned have been informed that if the Student runs away from Program property or runs away while off Program property, the Program will call the local police department and will notify the undersigned Legal Custodian and/or Guardian. However, if local authorities are called and the school is charged a fee the parent will be billed and the Program will take no action to secure the return of the Student to the Program. The undersigned Guardian or Custodian must take action to return the student to the Program.

The undersigned hereby covenants not to bring any actions against the Program or its owners or agents with regard to actions by the Student or with regard to the Student running away from the Program property or running away while off Program property. The undersigned hereby release, acquit and forever discharge the Program, its owners, agents, successors, assigns, representatives, related entities, subsidiaries, members, officers, employers, attorneys, partners and any and all persons acting by, through, under or in concert with any of them, from any and all charges, complaints, claims, liabilities, liens, obligations, promises, agreements, controversies, damages, actions, causes of action suits, rights, demands, costs, losses, debts, and expenses (including attorney's fees and costs actually incurred) of any nature

whatsoever, known or unknown, suspected or unsuspected, arising out of the Student running away from Program property or running away while off Program property. This release is meant to be a general release of any and all claims or potential claims against the Program by the undersigned and should be so construed.

Legal Custodian/Guardian Signature

6. Information Sharing Statement

Your student will be allowed to write letters home. Please indicate to whom your student may write:

Name:	Relationship:
Address:	
Name:	Relationship:
Address:	
Name:	Relationship:
Address:	
Name:	Relationship:
Address:	

If you would like Ridge Creek to provide information concerning your student to anyone in addition to yourself, please indicate below (for example, your student's school counselor, psychologist, educational consultant, therapist, etc.) Otherwise, we will not provide any information to any third parties without your knowledge and consent:

Name:	Relationship:
Address:	

Parent/Guardian Signature

7. Goals. Please indicate the top three issues that you listed in Part 3 (Social History) of the Ridge Creek Application for Admission that you would like Ridge Creek to focus on for your student:

- a.
- b.
- c.

8. Student Searches. I understand that for the safety of all students enrolled at Ridge Creek, all students are strip searched on the day of their arrival and upon return from leave in a dignified manner to ensure that no student brings any contraband or weapons into the program.

Parent/Guardian Signature

9. Third Party Certification Release. I understand that my child will be completing Basic Lifesaving CPR and First Aid Training and certification through the American Heart Association and the American Red Cross while participating in the Ridge Creek Program. After completion of the BLS training, a class roster, documenting student names only, must be sent to the American Heart Association and the American Red Cross to document all participants official certification. By signing this section, I am giving my permission for my students name to be sent to The appropriate certification agency (e.g. Red Cross, American Heart Association).

Parent/Guardian Signature

10. Visiting Professionals Policy: I understand that as a necessary aspect of Ridge Creek's licensure, accreditation, and programmatic accountability procedures, visiting professionals periodically tour the facility, review regulatory compliance, and interview students. These professionals may represent the Georgia Department of Human Resources Office of Regulatory Services, the Joint Commission on the Accreditation of Healthcare Organizations, current or potential therapeutic referral sources, and/or current or potential educational referral sources. The rules governing the protection of student rights, including confidentiality, are strictly enforced. Visiting professionals may not ask students to reveal any personal or therapeutic information such as name, reason for enrollment, personal history, or home environment. Student participation is entirely voluntary.

11. Parent/Guardian Communication/Visitation with Student Policy:

The communication between parent/guardian and student during their stay is both written and verbal correspondence. We do encourage a one-for-one exchange of letters with your child. To write or fax your student, use the address or fax number below. Counselors screen written communication between parents and students to ensure communication is appropriate and not detrimental to the objective of the program. Visitation is encouraged and outlined in the parent handbook and arranged with your student's counselor and school communicator.

13. Recreation/Wilderness/Athletic Participation Policy:

The undersigned hereby authorizes participation in, and acknowledges his/her awareness that participation in recreational, wilderness, and athletic activities may expose the student to risk of property damage and/or bodily personal injury. These activities include, but are not limited to field day events, of campus community service projects, rock climbing, rappelling, caving, canoeing, hiking, basketball, volleyball, soccer, baseball, golf, wrestling, track and field, and tennis. The undersigned does hereby voluntarily and knowingly assume any and all such risks.

Parent/Guardian Signature

14. Emergency Parent Notification Policy:

In the event of unauthorized absences (Runaway), medical or dental problems and any other significant event regarding your child you will be notified by the treating therapist during normal business or the on-call clinical staff outside normal business hours.

15. By signing below I authorize enrollment and have determined that the placement environment is appropriate and does not represent an undue risk to the health and safety of my child and declare that I have read all information provided in this form and it is complete and correct to the best of my knowledge:



Print Name

Signature

Relationship to Student

Date

