

SPRING CREEK LODGE, LLC

ENROLLMENT AGREEMENT for Girls

THIS ENROLLMENT AGREEMENT, by and between SPRING CREEK LODGE, LLC, a specialty boarding school in the state of Montana (hereinafter "the School"), and _____ and _____ (hereinafter the "Sponsors"), is made in consideration of the following mutual promises and covenants of the parties set forth in this Agreement:

1. **SPONSORS.** The Sponsors affirm that they are the legal guardian (having both legal and physical custody) of _____, (hereinafter the "student"), whose birth date is _____, 19_____, and that Sponsors expressly desire to contract for enrollment of the student in the School according to the terms of this Agreement.

2. **ENROLLMENT.** The Sponsors acknowledge that they have had the opportunity to have any of their questions answered by representatives of the School. Sponsors hereby enroll the student and upon the completion of this Agreement and acceptance by the School; the School promises under the conditions and limitations specified in this agreement, i.e. Items 1-38 to undertake and provide the following services:

- a. Room and Board;
- b. Behavior Modification;
- c. Supervision;
- d. Academic Programs;
- e. Emotional Growth Courses

Sponsors understand Spring Creek Lodge is a **Specialty Boarding School**, where, in addition to academic curriculum, students also receive instruction and direction in behavior modification, emotional growth, and personal development. It is not a treatment facility, counseling-based program, or a correctional institution.

Sponsors understand and agree that the School will make changes in staffing, School content, and services at their sole discretion. Therefore, the School does not accept responsibility for services written in sales material or brochures as such materials may be outdated or may become outdated as changes occur during the admittance period. The School also does not accept responsibility for any services represented orally by any of its School staff or public relations personnel; as any perceived oral representations can be a result of an honest misunderstanding. **It is further understood and agreed that the School only takes responsibility for the services written in this agreement under the conditions and limitations specified in Items 1-38.** The Sponsors also understand and agree that the School makes no promise in terms of outcome or results.

Sponsors understand and agree that the business "**Spring Creek Lodge**" has sole responsibility

for the performance of this contract and the general care and well being of the student. Therefore, the Sponsors agree to hold harmless and release from liability or damages any person or persons, agency, organization, or program that has referred the Sponsor to Spring Creek Lodge. Sponsor further agrees to hold harmless and release from liability or damages any person or persons, organization, or businesses that provide contract services to the School. The Sponsors understand and agree that "Spring Creek Lodge" takes sole responsibility for the performance of this contract and the general care and well being of the student.

3. CONTRACT PERIOD. This agreement is for a period of one year, beginning _____, 19_____. **While the contract period is a minimum of twelve months, the Sponsors should understand the School/Program has best results when the student completes the Program.**

4. SPONSORS' CONSENT TO STUDENT'S PARTICIPATION IN ENTIRE SCHOOL. Sponsors give their consent for the student to participate in all activities of the School, including, but not limited to, activities, work assignments, fitness programs, and field trips

5. TUITION. Sponsors agree to pay to the School one hundred ten dollars (\$110.00) per day. Upon admission the sponsors agree to pay a non-refundable payment which includes the first month's payment equaling thirty days in advance and a one time up-front processing fee of \$2000.00, plus the Student Incidental Fee of ninety-five dollars (\$95.00). Each monthly payment thereafter shall be paid in advance and due each month on the same day of the month that the student was enrolled.

The fee schedule remains as stated above throughout the entire course of the child's enrollment in Spring Creek Lodge. Monthly payments do not adjust to the student's status in the School nor the services offered.

The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR ANY DAYS OR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL,** whether or not the student's absences are authorized by either the Sponsors or the School.

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

6. PERSONAL INCIDENTAL COSTS AND EXPENSES. In addition to monthly tuition, the Sponsor's agree to pay for the following expenses incurred by the student, such expenses will be billed to the Sponsors monthly as they occur:

- (A). Medical, dental, orthodontic, optical, urinalysis, medications, lab work, etc.
- (B). Transportation to or from the School for any reason
- (C). Clothing & Uniforms
- (D). Hair cuts, etc.
- (E). Postage
- (F). All phone calls from the student or the School
- (G). Supervision and Transportation costs for special needs or activities that are separate from the regular School (i.e., doctor and dental appointments, travel to and from airports);
Transportation to Thompson Falls \$30.00, Transportation to the Plain's Hospital \$50.00,

Transportation to Sandpoint \$90.00, Transportation to Kalispel \$150.00, Transportation to Missoula \$150.00, Transportation to Spokane airport \$200.00.

- (H). Non-Refundable Incidental Fees (\$95.00 per month). These fees cover expenditures such as: student necessities (shampoo, conditioner, toothpaste, etc.), student supplies (paper supplies, pencils, etc.), and the General Student Activity Fund for hiking, sightseeing, movies, fishing, snorkeling, sports events, craft projects, etc.

Please Note: This Incidental Fee (95.00/month) is not optional nor can it be adjusted for any reason; it must be paid in advance upon enrollment and as billed each month thereafter. These fees are used to cover a number of general, as well as individual needs. Therefore, these fees are not broken down nor recorded into individual accounts.

- (I). All students on medication prescribed by a psychiatrist, require additional ongoing Doctor's review, which results in a cost to the Sponsors of \$75.00 for a simple medication review to \$100.00 for an involved patient understanding and motivational review every 90 days. **Parents collectively share in the Doctor's transportation expenses to and from the Program.**
- (J). The School's services do not include any formal individual therapy sessions. Individual therapy sessions, while usually not needed or recommended, can be obtained for \$75.00 per hour.
- (K). Other expenses related to the well-being or needs of the student not otherwise provided in accordance with this agreement.

7. UNUSUAL COSTS. Responsibility for damage to or loss of property caused by the student. Sponsors agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their student that are not covered by insurance. Such costs will be billed to the Sponsors at the time such damages or loss occurs and shall be paid by the Sponsor within fifteen (15) days of receipt of the bill.

Expenses for assistance in the return of a runaway student. In the event that the student leaves Spring Creek Lodge without authorization, Spring Creek Lodge will use reasonable efforts to assist the Sponsors in finding the student and in obtaining their safe return. An accounting of the expenses incurred by Spring Creek Lodge while assisting the Sponsors in finding and returning the student will be made to the Sponsors. SPONSORS WILL BE RESPONSIBLE FOR SUCH EXPENSES. Sponsors also understand and agree to be responsible for any damages to the community or its citizens caused by the child during the runaway.

Cost of collections, attorney fees, and interest. Sponsors agree to pay the costs of collection of any amounts due under this agreement, including reasonable attorneys' fees, whether or not legal action is commenced and in addition to pay all penalties plus interest (1 ½ percent per month) on all sums not paid within five (5) days after the due date.

8. INSURANCE. The Sponsors shall provide health insurance coverage for the student during the initial or any extended Enrollment Period. A copy of the health insurance policy must be provided to the School at least seven (7) days prior to the student's arrival at the School, and it shall be the Sponsors' responsibility to maintain the health insurance policy in full force and effect during the initial or extended enrollment period. In the event any health insurance policy is terminated for any reason or new coverage is obtained, the Sponsors shall notify the School immediately and furnish a copy of

the policy. In the event the School learns that there is no health insurance coverage of a student for any reason, the School may, but is not required to, obtain an appropriate health insurance policy at the Sponsor's expense for the student. Whether or not the School obtains a health insurance policy, the School may return the student to the Sponsors' custody at the Sponsors expense.

9. SUPERVISION. Sponsors understand that the amount of supervision varies with each student depending on the child's current status. The School provides a high level of supervision but it is understood that the supervision provided, regardless of status, does not guarantee that serious or minor accidents, injuries, self harm, harm from others, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity/stimulation or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment of society no matter how controlled or protected. The Sponsor understands these risks, and agrees to hold harmless, and release the School, and its staff, from all liability or damages associated with these areas.

10. SEMINARS, WORKSHOPS, AND GROUP FEEDBACK SESSIONS. The Sponsor understands and agrees that SPRING CREEK LODGE, at its sole discretion or need, may at any time change the amount or type of seminars, workshops or group provided for the student. This includes changes, reductions, suspensions, or elimination of any seminars, workshops, or group sessions provided for the student or the family.

11. ACADEMICS. The Sponsor understands and agrees that while the School provides an Independent Study system that can allow the student to accelerate their credits and academic competency; the School does not award credits for time in class, but only for work completed and competency achieved. Therefore, the Sponsors understand and agree that the School cannot ensure, nor be liable, for how quickly the student will receive credits, or that the student will receive credits in any certain subjects, or that the student will receive credits on any kind of accelerated basis, or that the student will even receive any credits at all. The Sponsors further understand that any specialized or individualized tutoring, if available, may result in additional costs or charges to the Sponsor (Any such tutoring would be approved by the Sponsors in advance). Sponsors understand that the ultimate acceptance of any credits is the prerogative of each individual school district. Therefore, the School cannot insure that any credits they have awarded will be accepted by any specific school district. Sponsors understand this and agree to hold harmless and release the School from any liability or damages concerning academic credits.

12. COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE SCHOOL. The Sponsors understand and agree that it is easier for each parent to contact the School for communication and updates on their child 's progress, than it is for the School to track down each parent at a number of locations. The Sponsors therefore understand and agree that the parents (not the School), are responsible for communication. It is further understood and agreed that the parents are responsible to contact the School at pre-arranged times to receive updates on their child 's progress. The Sponsors understand and agree that the Family's Family Representative will set aside a 30-minute period of time each week for the family to contact the Family Representative for communication and an update from the School. The Sponsor understands and agrees that the Family Representative will need to set the time of calls, as the Family Representative will need to coordinate the call so that it won't interfere with calls already scheduled for other families. Also, the Family Representative has other responsibilities that cannot be adjusted as they have to be

accomplished at certain pre-arranged times. It is understood and agreed that the family will need to contact the School at the time set by the Family Representative. It is also understood and agreed that the Family Representative is not responsible to track down parents or re-schedule the call if the parents do not call at the set time. It is further understood and agreed that the family will need to keep their calls within the 30 minutes set aside for the family; this will mean that when there are two households that need an update, both will need to contact the Family Representative during the time set aside. It is also understood that due to illness or unexpected leaves, there may be some weeks that the Family Representative may not be available to receive the phone call from the family. In such cases, the family may contact the administrator for an update. It is also understood and agreed that the cost of telephone calls is the responsibility of the Sponsors. While most contact will need to be initiated by the Sponsors, in the few occasions where the School needs to contact the family for any reason, these calls will be made on a **collect basis** only.

13. FAMILY COMMUNICATION AND VISITS WITH THE STUDENT. The Sponsors understand and agree to follow the School's Visit and Phone Policies as follows: All communication between the family and the student will be through written mail until the student has earned Level 3 status and has been in the School for a minimum of two months. At this point, the child will be eligible for phone calls as approved by the Family Representative. It is very important that the Student earn this privilege and that exceptions are only made in cases of extreme emergencies. During the first 60 to 120 days, both the Sponsor and Student may write as often as they choose but telephone calls are disruptive to the student's progress as it distracts their focus in the School. Once the students have demonstrated their progress in the School by earning Level III status, monthly telephone calls with the Sponsors become an important part of the School. Visits may occur after the child has earned Level 4, has been in the School a minimum of three months, has had successful phone calls, and has been approved by the Family Representative, and Staff Team. The first few visits should never include an overnight stay, and may only be approved for just on-grounds, as determined by the School. Sponsors understand and agree to follow the School's visit and communication policies. Sponsors further agree that if they violate the Schools communication and visit policies the School may at their option discharge the student, and yet still hold the Sponsors financially accountable and responsible for the tuition on the remainder of the contract period (see Item #3) and/or the time that would equal proper written notice (see Item #33).

14. MEDICATION. The Sponsor understands that all medication is self administered by the student under the general supervision of non-medical staff member. The Sponsors further understand, because of the difficulty and logistics involved with medications, it is possible there may be times the Student may not have access to medications for certain periods of time. The Sponsors understand that because all medication is essentially self-administered, problems or mistakes are possible. For these reasons, enrollment in Spring Creek Lodge is not recommended in cases where medications are paramount to the student's physical, mental, or emotional well being. Therefore the Sponsors understand these risks and agree to hold harmless and release "Spring Creek Lodge" and its staff, from all liability or damages associated with medications.

15. MEDICAL INTERVENTION. The Sponsors understand that the School staff have to make numerous decisions about when to seek medical/dental help for students ranging from small to serious ailments, injuries, or needs. The Staff try to make decisions taking into consideration a balance between added costs to the parent for medical care, and true medical need of the Student. The

Sponsors therefore understand that the School staff, like any parent, can miscalculate the timing or need of medical intervention. Such miscalculations can result in the student not getting medical intervention as soon as would be recommended or to avoid complications. It is understood that the School Staff make these "judgment calls" in a good faith effort for and in behalf of the parents. Any such "judgment calls" are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. It is hereby agreed that the sponsors will hold harmless and release the School and/or its staff from any liability for any illness, complications or damages occurring to the student because of a miscalculated "judgment call" made by the School or its staff in terms of the need or timing of medical intervention for the student. It is also understood and agreed that the School makes no representation and accepts no liability for the performance of any physician, dentist, clinic, or hospital to which the student is delivered for medical intervention. The Sponsors understand these risks and agree to hold harmless and release Spring Creek Lodge and its staff from all liability associated with medical care.

16. UNAUTHORIZED ACTIONS OF EMPLOYEES. The Sponsors understand and agree that the School can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. The Sponsors therefore agree to hold harmless and release the School from all liability or damages for any actions of the School's staff or employees that are outside the scope of their constituted responsibilities or realm of their employment. This includes, but is not limited to, any inappropriate or unauthorized interaction between staff and students, as well as any type of illegal or criminal acts. This release does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment.

17. TRANSPORTATION. The Sponsor understand that there is some transportation and that the risk of vehicle failure and/or the risk of traffic or airline accidents is always present. The Sponsor agrees to hold harmless and release the School from any liability or damages for such accidents or failures and any injuries resulting therefrom. Sponsors give the School permission to transport the student as determined by the School.

18. RESPONSIBILITY FOR STUDENT'S PROPERTY. Each student shall be solely responsible for the care of their property. The Sponsor agrees that the School shall not be responsible or liable for loss, damage, neglect, misplacement, or theft of the students property regardless of how it occurred. The Sponsor agrees that the School is not responsible or liable for items left behind on visits, leaves, or when the student exits the School. The Sponsor understands that the School recommends that only minimal belongings are brought to the School and that expensive or sentimental items are left at home or are at the School only at the sole risk of the student or Sponsors. The Sponsors agree to hold harmless and release the School from any liability or damages for the student's property.

19. RESPONSIBILITY FOR INJURIES, ACCIDENTS, OR ILLNESSES. Many of the activities in which the student may participate involve some risk. These risks include, but are not limited, to such activities as transportation, rafting, kayaking, cross-country skiing, fishing and hiking, and other recreational activities. There is also some inherent risks of illness, including, but not limited to, illnesses that are contagious; illnesses connected to food services, etc. There is also risk of earthquakes and other acts of nature, etc. The Sponsor agrees to hold harmless and release the

School, and its staff, from all liability for any injuries, illnesses, or other damages occurring to the student during enrollment in the School whether on or off the property.

20. STAFFING. As stated earlier, Spring Creek Lodge is not a treatment facility. Therefore, Sponsors understand that staff are hired not necessarily by credentials but to carry out the outlined programs specifically designed to benefit students at Spring Creek Lodge.

21. AUTHORITY TO ACT. Spring Creek Lodge may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), obtaining passport and entry visa, consent for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind. The School may also authorize the student to receive urinalysis, blood tests, or other lab work as it deems appropriate.

22. AUTHORIZATION FOR SEARCH. Sponsors hereby give consent and authorize the School to search the personal effects and person of the student. The School is hereby authorized to confiscate any and all items deemed, by the School, to be contraband. The School will dispose of all contraband items. The Sponsor understands and agrees that the School will not be responsible for the care or return of confiscated items.

23. AUTHORIZATION FOR DRUG SCREENING. Sponsors hereby give consent and authorize the School to administer to the child a routine urinalysis or blood test for drugs. The Sponsors agree to pay for such expenses.

24. AUTHORIZATION FOR BEHAVIOR MODIFICATION. The Sponsors understand and authorize the School's Behavior Modification program which includes rewards and incentives for appropriate behavior; and consequences and deterrents for inappropriate behavior or rule violations. Rewards and incentives include earning merits, privileges, trust, and status advancements. Consequences include but are not limited to demerits, loss of privileges, loss of status, essays, work hours, work sheets, and fines against the student's weekly allowance that reimburse the School for the extra staff time needed to facilitate the discipline process. The Sponsors further understand and authorize the School to suspend the student from their regular schedule and activities, including School classes, until they complete any necessary essays, worksheets and/or other disciplinary assignments. The Sponsors also understand and authorize that all essays and worksheets are completed in a designated area within the facility where students have minimal distractions and interaction with peers. The Sponsors further understand and authorize the School to maintain a strict code of conduct including rules on dress, hair cuts and grooming, interaction with others, use of manners, appropriate attitudes and behaviors. The Sponsors authorize the School to apply the behavior modification techniques described here-in and any others deemed by the School to be necessary.

25. AUTHORIZATION FOR STUDENT LEADERSHIP PROGRAM. When a Student reaches level 4, they are involved in a Student Leadership Program that includes the student functioning as a Staff Assistant or Junior Staff Member. We have found this Student Leadership Program to be a very effective part of the overall School. The Student Leaders learn how to stand up to their peers, set an example, confront inappropriate behavior, and even participate in the

discipline process. It also give the Student Leaders an opportunity to see things from a different perspective and understand and appreciate the role their parents have had to take with them. The Student Leaders become part of the "solution" rather than part of the "problem". The Sponsors hereby acknowledge that they understand and authorize the Student Leadership Program as designed by the School.

26. AUTHORIZATION FOR OBSERVATION STATUS. If the student is ever deemed, by the staff, to be a potential danger to oneself or others, the Sponsors authorize the School to place the student in a room or area away from the interaction of others, where he will remain under the close observation and supervision of a staff member until such time that the staff feel the student is no longer a significant danger to oneself or others. The Sponsors understand that all such decisions are judgment calls and are open to human or judgment error. Sponsors agree to hold harmless and release the School from any liability or damages resulting from any decisions to place or discontinue placement of the student on observation status. The Sponsors also understand that serious and/or dangerous rule infractions (category 3 or 4) may result in placement on observation status. This ensures that the student is closely monitored and that the other students are protected from any dangerous or unstable behavior. During the observation status period, the Student diet is also adjusted since the Student (as a safety precaution) is not allowed to use forks or butter knives during the observation status period. Sponsors authorize the placement of the Student on observation status when determined necessary by the staff.

27. AUTHORIZATION FOR RESTRAINT. Sponsors hereby give consent and authorization to the School personnel to physically restrain, control and detain the student for and including, but not limited to, the following purposes: To prevent the student from jeopardizing the safety of self or others, to prevent the flight of the student into a dangerous or unsupervised situation, to prevent the destruction of property. The Sponsor authorizes the School to use non-violent crisis intervention techniques to insure a safe, positive environment for each student. Sponsors agree to hold harmless and release the School from any liability or damages resulting from restraint procedures.

28. LIVING ARRANGEMENTS. The students at Spring Creek Lodge live and function in basic log cabins and lodges. The students learn to operate under close supervision and quarters. The facility is located in a rugged forest setting. The facilities sometimes experience temporary loss of power and/or water, but for the most part, function well even though they are basic and not elaborate or extensive. The Sponsors also agree to hold harmless and release the School from any liability or damages resulting from the living conditions.

29. THE SCHOOL OPERATES AS AGENT FOR SPONSOR. The Sponsors hereby agree that the School and its staff operate in behalf of, and as agents for, the Sponsors. The Sponsors affirm they are the legal guardian and have physical custody of the student. Any restrictions or curtailments of the student's privileges or rights as outlined and authorized in this Enrollment Agreement, are done by the School or its staff in behalf of, with permission of, and as agents for, the Sponsors.

30. INSURANCE REIMBURSEMENTS. Unless otherwise stated in writing, SPRING CREEK LODGE takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings. The Sponsors also understand that the School is not designed for normal approval for insurance funding and that the School's paperwork and documentation do not meet the criteria that most insurance companies require for funding. Insurance approval for the School is normally only granted on an "out of policy" or "exception to policy" basis. Insurance approval is very unlikely, therefore, the Sponsors agree to maintain the fee schedule while any reimbursements or

payments are being approved or processed. Sponsors agree to reimburse SPRING CREEK LODGE for insurance billings at a rate of \$100.00 for each month billed.

31. PAPERWORK. Sponsors understand that the School wishes to utilize it's resources in working closely with the students, rather than spending a lot of time and resources in Administrative and Bureaucratic duties. Therefore, the School keeps, maintains, and retains only minimal records and paperwork. The Sponsors understand and agree to accept whatever records and paperwork the School, in its sole discretion, deems necessary to keep, maintain or retain.

32. CHOICE OF JURISDICTION, LAW AND OTHER MATTERS. SPONSORS AGREE TO BE SUBJECT TO JURISDICTION OF THE COURTS OF THE STATE OF MONTANA IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction and services rendered within the state of Montana. Therefore, the parties agree that the state of Montana law shall govern this Agreement. Moreover, the parties agree that all disputes and/or claims may only be filed in Montana and are under the jurisdiction of the courts of Montana. In the event any part of this Agreement is determined to be invalid or unenforceable the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

33. INDEMNIFICATION. Sponsors shall indemnify Spring Creek Lodge, and all of their owners, operators, managers, agents, employees, contractors, sub-contractors and consultants and hold them harmless from and against any and all legal actions or proceedings that may be instituted as a result of the student's enrollment in the Program. This indemnification includes any liability, loss, costs, expenses or damages. Expenses shall include, but are not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages resulting out of any action taken by either parent and/or guardian; third party; or student, even anytime after the age of majority. All Expenses shall be paid by the Sponsors.

In cases where Spring Creek Lodge is the prevailing party, Sponsors shall also indemnify Spring Creek Lodge, and all of their owners, operators, managers, agents, employees, contractors, sub-contractors, and consultants and hold them harmless from against any and all legal actions or proceedings that may be instituted by the Sponsors. This indemnification includes, but is not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages.

Sponsors have read the foregoing clause for indemnity and understand the meaning of this clause and what Indemnification means; to restore the individual of a loss, in whole or in part, by payment; to same harmless; to secure against loss or damage.

34. AGREEMENT RENEWAL. This Agreement is automatically renewed if the student remains in the School past twelve months.

35. EARLY ENROLLMENT TERMINATION.

A. Liquidation Provision. The Program/School recognizes and affirms that since Sponsors maintain all parental authority and responsibility, Sponsors can remove the student at will. However, this Agreement is for a twelve (12) month minimum Enrollment Period, the Sponsors agree to give the School/Program sixty (60) days written notice prior to the actual withdrawal or to pay to the School/Program an amount equal to sixty (60) days payment. The payment of sixty days is considered by the parties to this Agreement as a

reasonable pre-estimate of the probable losses which would be sustained by the School/Program in the event of a withdrawal of their student prior to the end of the period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the student, but is intended to reimburse the School/Program for costs and budgeting commitments made by the School/Program in connection with the enrollment of the student.

This clause will be waived should the student transfer to another World Wide Association of Specialty Programs School/Program with the approval of WWASP administration.

B. Involuntary Enrollment Termination. The School reserves the right to terminate the enrollment of any student at any time if there is a default in the performance of any of the terms of this Agreement by the student or Sponsor, or if in the sole discretion of the School the student is not a suitable resident of the School or for any other reason the School determines that the student should not continue to reside at the School. This would include parents that are unwilling to follow the guidelines of the School or are, at the sole discretion of the School, unreasonable or difficult to work with. Should the monthly payment be more than five (5) days late the School may, at its option, immediately return the student home. In the event a student's enrollment is involuntarily terminated, the School shall attempt to contact the Sponsor and shall deliver the student to the nearest form of transportation and arrange at Sponsor's expense to transport the student back to Sponsor's address. The Sponsors shall be responsible for the tuition during the period of time that the Student was in the School. Sponsors will also be responsible for any personal incidental costs and expenses accrued.

36. PROTECTION OF COMMUNITY IMAGE. The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of SPRING CREEK LODGE, unless (1) permission is given in writing by SPRING CREEK, (2) their child is 18 years of age, or (3) the child is living with the parents. Sponsors agree that failure to comply with this provision would result in the Sponsors being responsible for paying SPRING CREEK the normal monthly fee for the period of time involved.

37. CONFLICT OF INTEREST. The Sponsors understand and agree under strict penalties of damages that they will not contract with any Spring Creek Lodge employees or former employees for any related or even non-related services while the student is enrolled in the School or upon discharge, or for a period of one year after the student is discharged from Spring Creek Lodge, without specific and written permission from the Administrator. The Sponsors also agree under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the student is discharged from Spring Creek Lodge, without specific and written permission from the Administrator.

38. SCOPE AND MEANING OF AGREEMENT. **Sponsors hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. The Sponsors understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between the parties. Any changes or adjustments must be written on a separate sheet and signed by both the Sponsors and the Administrator of the School to be valid. Any changes or alterations penciled in, typed or written, on this original ten page enrollment agreement are not recognized or valid.**

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date set forth below.

DATED this _____ day of _____, 19_____.

Signature of Sponsor
(Father or Guardian)

Signature of Sponsor
(Mother or Guardian)

Address of Father/Guardian

Address of Mother/Guardian

ADDENDUM #1

CASH IN-ADVANCE PAYMENT PLAN

This special cash in-advance payment plan, supersedes Paragraph 5 (TUITION) in the Spring Creek Lodge Enrollment Agreement. This payment is utilized when the tuition payment is paid in advance, all payments are made on a timely basis, and when there is not a third party payer or resource for the parents (i.e. insurance, special funding, etc.).

Payment Plan:

The Sponsors agree to pay the School upon admission (Non-refundable) four thousand seven hundred ninety dollars (\$4,790.00), this covers the first month's tuition of two thousand seven hundred and ninety dollars (\$2,790.00), and an up-front fee of two thousand dollars (\$2,000.00). Upon admission, a deposit of ninety-five dollars (\$95.00) for the first month's *Student Incidental Fee*. Thereafter, monthly payments of two thousand seven hundred ninety dollars (\$2,790.00) each. Each monthly payment thereafter shall be paid in advance and due each month on the same day of the month as the student was enrolled. There is also a discount of an additional \$1000.00 when payments for six months or more are made in advance.

The fee schedules remains as stated above throughout the entire course of the student's enrollment in the School. Monthly payments do not adjust to the student's status in the School, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE School**, whether or not the Student's absences are authorized by either the Sponsors or the School.

Credit Card Companies charge the School a 2% service charge for all payments made by credit card. Therefore, the School will need to collect the 2% service charge in addition to the amount of any payments made by credit card.

Personal incidental costs and expenses will be billed monthly in addition to the monthly payments stated above (see Item #6 of the Enrollment Agreement).

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

The cash in-advance payment plan may be utilized as long as the following criteria is met:

1. Each payment must be made in advance. Payments are to be no more than five days late. Once the monthly payment becomes more than five days late the payment will no longer be considered a cash in-advance payment, and the daily rate will return to one hundred ten dollars (\$110.00) per day.
2. Payments are made by the Sponsor without any assistance from a third party payer (insurance, governmental funding, etc.). In the event the sponsor is able to, at a later date, secure third party funding the daily rate returns to one hundred ten dollars (\$110.00) per day as this Cash-In-Advance Payment Plan is only available to the Sponsor when there is no third party payer or resource available. While the Sponsor is attempting to secure third party funding they must keep their account current. Therefore the Sponsor would be reimbursed for any amounts paid to the School above the daily rate of one hundred ten dollars (\$110.00) per day after all financial accounts have been closed.
3. If Spring Creek Lodge does not receive your remittance payment within three days after your due date, we will **overnight** a letter to you. Spring Creek Lodge will also enclose a return envelope to use for your payment. A charge of \$30.00 dollars will be billed to your account to cover the cost of the overnight service. This will be far less expensive than the significant daily penalties that occur if the payment is not received within five days of the due date.
4. The Sponsors understand and agree that if a check is returned to Spring Creek Lodge a charge of \$50.00 dollars will billed to your account to recover our cost of special handling and return check service fees.

The Sponsors understand and agree to all of the criteria governing the Cash-in-Advance Payment Plan. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School need to take steps to collect any amounts owed the School.

_____ SPONSORS: _____
Date Signature of Sponsor
(Father or Guardian)

Signature of Sponsor
(Mother or Guardian)

**SPRING CREEK LODGE
ENROLLMENT QUESTIONNAIRE**

STUDENT'S NAME _____ **DOB** _____

Is child adopted? Yes _____ No _____

1. Father's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

(DOB) _____ Place of Birth _____ Email _____

2. Mother's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

Maiden Name _____ (DOB) _____ Place of Birth _____

Email Address _____

3. Step Father's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

(DOB) _____ Place of Birth _____ Email _____

4. Step Mother's Name _____ SSN _____

Address _____ City _____ State _____

Zip _____ Work Phone () _____ Home Phone () _____

Maiden Name _____ (DOB) _____ Place of Birth _____

Email Address _____

EMERGENCY PHONE # _____

Contact Person _____ Relationship _____

5. Is family divorced Yes _____ No _____ If divorced, which parent has custody? _____ **(PLEASE ATTACH A COPY OF CUSTODY ORDER)**

6. Home Counselor _____ Phone _____

Address _____ City _____ State _____ Zip _____ If

counselor is to receive progress reports, please sign this paragraph as an authorization.

Father/Guardian Signature

Mother/Guardian Signature

**ACADEMIC
STUDENT INFORMATION**

Student's Name _____ DOB _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number:(____) _____ Student Lives With: _____

Place of birth _____ Student's S.S. # _____

If Adopted, give date of adoption _____

Religious preference _____ Ethnic Origins _____

Age _____ Height _____ Weight _____ Hair _____ Eyes _____

Current Grade Level _____

Last School Attended _____

School Address _____ State _____ Zip _____

Previous Schools Attended in grades 9-12 _____

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Academic Performance: _____ Behind _____ Ahead _____ Right on Track

If Student is behind or ahead, please explain: _____

Prior to placement at SPRING CREEK LODGE your student was living:

_____ at home_____ with relatives_____ alone or with friends_____ private school.

Date of Placement_____ **Student Number**_____

Office Use Only

***PLEASE SEND A COPY OF STUDENT'S BIRTH CERTIFICATE AND HER IMMUNIZATION RECORDS TO
SPRING CREEK LODGE ACADEMIC DEPT.: 1342 BLUE SLIDE RD. THOMPSON FALLS, MT 59873***

REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS

This form is provided for the purpose of obtaining your child's school and psychological/psychiatric records.

Name of Student: _____ Birth date: _____

I hereby authorize Spring Creek Lodge to obtain from:

all school and psychological/psychiatric records as defined by Public Law 93-380 and other federal laws pertaining to educational records.

PLEASE SEND THE FOLLOWING INFORMATION;

- ____ 1. Transcript of credit and classes to date.
- ____ 2. Withdrawal grades, including incomplete classes.
- ____ 3. Test data, health records, and counseling information.
- ____ 4. Suggested course outline.
- ____ 5. Units and courses required for graduation.
- __ 6. Any of the student's records pertaining to the psychiatric or psychological evaluation of the student.
- ____ 7. Special Education/Guidance Records
- ____ 8. Other: _____

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:
SPRING CREEK LODGE ACADEMIC DEPT. Attn: Heidi Mock
1342 BLUE SLIDE RD.
THOMPSON FALLS, MT 59873

Fax: 406-827-4346

Please rate and describe your child's past performance in the following areas

FAMILY Relates well with brothers and sisters:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

AUTHORITY Responds to parental authority:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

FRIENDS Has a variety of friends:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

SCHOOL School Attendance:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

COMMUNITY Attitude toward community involvement:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

SELF IMAGE Self image, attitudes, personal goals:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

CHURCH Church activity:
Very Negative Negative Positive Very Positive
 1 2 3 4 5 6 7 8

FAMILY MEMBERS

Please list in chronological order all brothers, sisters, step and half brothers and sisters, living or dead.

| NAME | SEX | AGE | RELATIONSHIP | ADDRESS |
|------|-----|-----|--------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List all others that have lived in your home during your child's in home residence or who are living in your home at this time.

| NAME | SEX | AGE | RELATIONSHIP | COMMENTS |
|------|-----|-----|--------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COMMENTS: _____

ADDENDUM #2

AUTHORITY TO ACT

Spring Creek Lodge may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), obtaining passport and entry visa, consents for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind.

ADDENDUM #3

Please Note: A completed contract requires **two signatures** by both guardians. In the event the legal guardians of the student are separated or divorced both parent's signatures are required on the contract, unless the contract is accompanied by legal custody papers specifying who has custody. If both signatures are not on the contract, or custody papers are not submitted with the contract upon admission, the contract will be considered incomplete and the child **will not** be admitted into the School.

ADDENDUM #4

MEDICAL CARE RELEASE

We, the parents/guardians of _____ hereby authorize Spring Creek Lodge, 1342 Blue Slide Road, Thompson Falls, Montana 59873, to obtain medical care for the student in the event of an illness, injury, or other emergency.

We further authorize medical and hospital treatment by a licensed physician to perform any procedures that he may deem to be medically appropriate for the students well being.

We also accept financial responsibility for any such medical care emergencies.

Father/Guardian

Mother/Guardian

Date

REQUIREMENT TO PROVIDE HEALTH INSURANCE

Dear Sponsors:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the student, the parents, and the School, every student accepted for enrollment at Spring Creek must be covered by a health insurance plan provided by the parents or guardians. If your family does not currently have a health insurance policy, it will be necessary for you to purchase coverage for the period of your child's enrollment. A copy of the policy must be provided to the School and will be maintained in the student's file.

In addition, the School must have on file signed health insurance claim forms (including dental, if available). Please be sure the employer and employee information sections are completed and forms are signed. The forms must be received prior to or at the time of the students enrollment.

If you have any questions regarding the above please feel free to contact us.

The undersigned Sponsors hereby represent and warrant that their student has the following health insurance policy in full force and effect and that such health insurance policy or an equivalent policy shall be maintained at all times the student is enrolled at the School:

Father/Guardian

Mother/Guardian

INSURANCE INFORMATION

PATIENT'S FULL NAME: _____ **DOB:** _____

FULL NAME OF INSURED: _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____

ZIP CODE: _____ **PHONE NUMBER:** _____ **WORK NUMBER:** _____

NAME INSURANCE COMPANY: _____ **SS#** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP**

CODE: _____ **PHONE NUMBER:** _____

NAME OF EMPLOYER OR GROUP: _____

MEDICAL & DENTAL HISTORY

CHILD'S NAME _____ DOB _____

| | | YES | NO |
|---|---------------------------------------|-----|----|
| 1 | Is child taking medications? | | |
| 2 | Has child been taking medications? | | |
| 3 | Is child allergic to any medications? | | |
| 4 | Is child allergic to any foods? | | |

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:

| | | | |
|----|--|--|--|
| 5 | Ear pain or hearing loss? | | |
| 6 | Eye discomfort or sight loss? | | |
| 7 | Frequent headaches? | | |
| 8 | Dizziness or fainting spells? | | |
| 9 | Hay fever or other allergies? | | |
| 10 | Skin sores, rashes, or hives? | | |
| 11 | Warts, moles, or swellings? | | |
| 12 | Coughing or persistent indigestion? | | |
| 13 | Stomach aches or persistent indigestion? | | |
| 14 | Urinary burning or frequent urination? | | |
| 15 | Sugar in the urine? | | |
| 16 | Vaginal discharge? | | |
| 17 | Painful menstruation? | | |
| 18 | Venereal Disease? | | |
| 19 | Tumor, cyst, growth, or cancer? | | |
| 20 | Heart disease? | | |

-continued-

HAS YOUR CHILD EVER HAD:**YES****NO**

| | | | |
|----|-------------------------------------|--|--|
| 21 | Deformities of any kind? | | |
| 22 | Diabetes? | | |
| 23 | Asthma? | | |
| 24 | Arthritis? | | |
| 25 | Seizures, convulsions, or epilepsy? | | |

HAS YOUR CHILD EVER BEEN:

| | | | |
|----|--|--|--|
| 26 | Sexually abused? | | |
| 27 | Physically abused? | | |
| 28 | Psychologically abused? | | |
| 29 | Classified as neglected by welfare? | | |
| 30 | Glasses or contact lenses? | | |
| 31 | Special dietary needs? | | |
| 32 | Orthopedic appliances including dental braces? | | |

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 1 THROUGH 32, PLEASE EXPLAIN:

Explanations if any: _____

HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:

Date _____ Hospital _____

Address _____

Injury _____ Result _____

Date _____ Hospital _____

Address _____

Injury _____ Result _____

DENTAL BRACES:

If your student has braces and/or a retainer, do you wish, at your expense, to have regular check ups by a local Orthodontist? If so, please sign this statement as an authorization for care.

Monthly Orthodontist care approved by:

Parent or Legal Guardian _____

Date _____

SPORTS:

Are there any known physical conditions that would preclude your child from participating in sports or physical education classes?

_____ Yes _____ No

If yes, please explain _____

As we discuss issues with your child, we need to know what to expect in terms of their honesty.

Does your child have a history of misrepresenting the truth?

Yes _____ No _____

Comments/Specifics: _____

Is honesty a significant problem for your child?

Yes _____ No _____

Comments/Specifics: _____

As we discuss specific issues, such as your child's past problems, home situation, and the way they have interacted with the family, which best describes the information your child will give? Please circle one

1. The information my child gives would tend to be completely accurate.
2. The information my child gives could be fairly inaccurate.
3. The information my child gives might be significantly inaccurate.

Comments/Specifics: _____

Parent Signature

MAIL

Due to the potential harm that certain mail could cause our child or progress, we as legal guardians,(having both legal and physical custody) direct and authorize Spring Creek Lodge and its staff to monitor all outgoing and incoming mail for _____ whose date of birth is _____ 19 ____.

It is understood that Spring Creek Lodge is operating at our direction, under the authority we have as legal guardians, and as our agents in this behalf.

Date

Father/Guardian

Mother/Guardian

RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to Spring Creek Lodge to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward. Spring Creek Lodge is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise such information and records are to be held confidential.

TYPE OF INFORMATION/RECORDS

SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to;

NAME: _____

ADDRESS: _____

PHONE _____

To release information and records to Spring Creek Lodge as categorized or detailed below, pertaining to the above-named student who is my child/ward.

TYPE OF INFORMATION/RECORDS

SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:

Spring Creek Lodge
1342 Blue Slide Road

Thompson Falls, MT 59873

(Number if this option is selected)

PERMISSION TO PHOTOGRAPH

_____ DOB _____
Student's Name

We authorize the Program to photograph the students for identification photographs for their files.

We further authorize the Program to photograph the students in order to provide informational updates for the parents and photos to be placed on Program Web-sites accessible to all Program parents for the purpose of Program and progress updates.

OPTIONAL AUTHORIZATIONS:

I **authorize** ____/ **do not authorize** _____ the Program to photograph or video tape the student in a group or involved in group activities, to be used for brochures, public relations, promotional videos, or other related Marketing purposes.

I further **authorize** _____/ **do not authorize** _____ the Program to photograph, video tape or interview the student individually for brochures, public relations, promotional videos, or other related Marketing purposes.

_____ Date _____
Father/Guardian

_____ Date _____
Mother/Guardian

Student _____ Date _____

ADDENDUM #5

TEEN HELP

We understand that while Teen Help recommends adolescent services including schools, programs, treatment alternatives, therapists, and supervised transport services; Teen Help does not own, control, manage, nor direct any individuals or companies that provide these services. Therefore, Teen Help does not assume any liability or responsibility, implied or otherwise, for Spring Creek Lodge or for your child while in the Program. All liability or responsibility for any recommended services or for the care of your child is assumed entirely by the service provider, as outlined in their contract with the parents/sponsors. The Sponsors hereby agree to release and forever hold harmless Teen Help from any liability connected with any services recommended to the Parents/Sponsors.

Mother's Signature

Father's Signature

ADDENDUM #6

WORLD WIDE ASSOCIATION OF SPECIALTY PROGRAMS

We understand that the World Wide Association of Specialty Programs assists Programs in maintaining and improving the quality of their services. The World Wide Association also assists Programs in providing parent support meetings, seminars, workshops, and other services for parents, participants, and families. However, the World Wide Association does not own, control, or manage these Programs. Therefore, the Association does not assume any liability nor responsibility, implied or otherwise, for Spring Creek Lodge or for your child while in the Program. The Parents/Sponsors hereby agree to release and forever hold harmless the World Wide Association of Specialty Programs from any liability connected with any of the services or Programs that belong to the Association. All liability/responsibility for any services or for the care of your child is assumed entirely by the Program as outlined in their contract with the parent/sponsor.

Mother's Signature

Father's Signature

ADDENDUM #7

Dr. Marcel Chappuis

Parents frequently request a detailed psychological, intellectual and behavioral assessment by a licensed clinical psychologist while their child is in the program. Dr. Marcel C. Chappuis visits the program on a regular basis and is available to provide this service.

These assessments have been extremely useful and are actively utilized in our services at the program. The cost of a complete evaluation is \$900.00 and includes a total of eight hours of service. However, Dr. Chappuis has agreed to require no more than \$500.00 out-of-pocket from you upon completion of the evaluation. Every effort will be made to obtain reimbursement from your insurance. A written report is provided to the family upon completion and Dr. Chappuis is available for consultation with the family concerning the results.

If you choose to utilize these services, Dr. Chappuis will contact you directly. A more detailed explanation of testing will be provided along with a schedule of Dr. Chappuis' visits to the program.

Please check on of the following and sign below:

_____ YES - I would like to schedule my teen for a diagnostic evaluation.

_____ YES - I would like Dr. Chappuis to contact me regarding the possibility of completing an evaluation.

_____ NO - I am not interested in having a diagnostic evaluation completed at this time.

Parent Signature

Date Phone Number

Student Name

ADDENDUM #8

The Program is persistent in its efforts to succeed with every child. However, occasionally there are students who are resistive in such a manner that they become a risk to the staff, themselves, the Program, the environment, or to the other students. In these few cases, when the Director determines that a student has reached that point, the Sponsors agree and understand that the program will no longer be able to work with that student. The Program will, however, work with the parents to recommend options and alternative placement on an expeditious basis.

Sponsor

Date

Sponsor

Date

Probation Information

1. Is your child on probation? Yes No

2. Who has custody? _____

3. Please check the following probation status:

_____ *Informal* = No court has been involved. The petition has not been filed with the court system. An agreement or contract with the minor and the probation officer if there is one assigned.

_____ *Formal* = Petition has been filed, minor has appeared in court in front of the judge.

_____ *Diversion* = A unique process, where the minor has conditions to comply to in order to prevent judicial intervention. Once all conditions have been met, then all charges probably will be dropped.

4. If this is a diversion type, please explain in detail _____

5. What County and State? _____

-

6. Please fill in the information for the Probation Officers:

Name _____ Address _____

Work Phone _____ Fax Phone _____ Please explain the procedures we need to follow when reporting to probation officers, attorneys or whomever_

Please send all legal papers regarding legal charges, probation and custody to Spring Creek Lodge, 1342 Blue Slide Road, Thompson Falls, MT 59873. Please fill out the following page which is an "Interstate Compact Placement Request Form". This is required by any state to transfer a minor who is on probation. Please have your child's probation officer contact the

Chief Juvenile Probation Officer, Barbara A. Monaco at (406)883-7264 or you may fax her at (406)883-7283

TO: (Name & Address of Compact Administrator in
Address of Compact Administrator
Receiving State)
Sending State)

FROM: (Name &
in

SECTION I - IDENTIFYING DATA

Notice is given of intent to place:

SEX

DATE OF BIRTH Ethnic Group

NAME OF CHILD

NAME OF MOTHER

NAME OF FATHER

NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD
TELEPHONE NO.

ADDRESS

NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD
TELEPHONE NO.

ADDRESS

SECTION II - PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH
TELEPHONE NO.

SPRING CREEK LODGE

(406)827-4344

ADDRESS

1342 BLUE SLIDE ROAD THOMPSON FALLS, MT 59873

TYPE OF CARE

___ Residential Treatment Care

___ Parent

___ Adoption

___ Foster Family Care

___ Child-rearing Institute

___ Relative(Not

Parent)

___ Subsidy/TV-E

___ Group Home Care

___ Institutional Care Article (VI)

Relationship: ___

Assistance to be

Complete in:

___ Sending State

___ **Others: ___**

___ Receiving State

LEGAL STATUS

Sending Agency Custody/Guardianship

Parental

Rights Terminated-Right to Place for Adoption

Parent relative Custody/Guardianship

Unaccompanied Refugee Minor

Court Jurisdiction Only

Other: _____

SECTION III - SERVICES REQUESTED

| | | |
|--|---|--|
| Initial Report (if Applicable): | | |
| <input type="checkbox"/> Parent Home Study | Supervisory Services | Supervisor Reports |
| <input type="checkbox"/> Relative Home Study | <input type="checkbox"/> Request Receiving State to | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Adoptive Home Study | Arrange Supervision | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Upon Request | <input type="checkbox"/> Another Agency Agreed to | |
| <input type="checkbox"/> Foster Home Study | Supervise | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sending Agency to Supervise | |
| NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE | | |
| ENCLOSED | | |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Child's Social History | |
| <input type="checkbox"/> Other Enclosures | <input type="checkbox"/> Home Study of Placement Resource | |
| SIGNATURE OF SENDING AGENCY OR PERSON | | |
| DATE SIGNED | | |
| SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE | | |
| DATE SIGNED | | |

SECTION IV - ACTION BY RECEIVING STATE

| | |
|--|-----------------|
| <input type="checkbox"/> Placement May be Made | REMARKS: |
| <input type="checkbox"/> Placement Shall Not Be Made | |
| SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE | |
| DATE SIGNED | |
| DISTRIBUTION | |

COMPLETE SIX (6) COPIES OF THIS FORM

- Sending Agency retains one (1) copy and forward 5 copies:
- Sending Compact Administrator retains one (1) copy and forwards 4 copies to:
- Receiving Agency Compact Administrator indicates section (Section IV) and forwards 1 copy to receiving agency and 2 copies sent to Compact Administrator within 10 days.
- Sending Compact Administrator retains 1 completed copy and forwards the other completed copy to the Sending Agency.

Please review the list below, and try to send with your child all the things listed.

Please do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of any such item.

DRESS CODE: Dress must be tasteful and reasonably conservative. Contemporary styles are acceptable as long as they are not extreme. Garments with lettering or pictorial displays must be in good taste, and should not tend to identify with any negative group or theme. We don't recommend sending any New or valuable clothing, but we do advise that all clothing, while used, should be in good condition and able to withstand a good amount of wear and tear.

All clothing should be wash and wear. Care and maintenance of clothing requiring dry cleaning or special washing procedures is very difficult and dry clean only clothes will be returned.

ITEMS TO BRING:

**1 Swimsuit
3 pairs of Long pants
7 pairs of Underwear
2 sets Thermal underwear
1 pair Athletic shoes
1 Sweat Suit
2 Short sleeve T-shirts
3 Long sleeve shirts
1 Sweater or Jacket
*6 Month Supply of Prescribed Medication
1 each- toothbrush, toothpaste, deodorant
(Non-aerosol), brush comb, shampoo, sun screen**

**4 Bath Towels & Wash cloths
1 Comforter & Pillow
8 pairs Athletic Socks
1 pair Hiking Boots
1 pair Thong Sandals (no ankle straps)
1 pair of Winter Gloves
1 Heavy Overcoat
1 Sheet set & Pillow Case
Electric Rechargeable Razor
NO DISPOSABLES
1 tupperware container with lid for toiletries items
30 inexpensive pens & 3 loose leaf notebooks**

DO NOT SEND

Baseball caps, Food, Books, Disposable Razors, Tapes or CD players, Tape or CDS, Electronic Games, skateboards, Valuable, expensive or sentimental items. We do not recommend sending jewelry.

Again, please do not send any items other than those on the above list, unless you understand that they will not be returned. For this reason, we suggest that you send

your child's things in a box or container other than a suitcase.

***Our attending Child Psychiatrist visits the Program periodically to review your child's medication. However, so that there is no lapse in the medication your child is required to take, please send a 6 month supply of prescribed medication to the Program.**