

CONTRACT (FIRST YEAR)

This AGREEMENT, made and entered into this ____ day of _____, 20____, by and between Harvest Baptist Church/Camp Tracey Children's Home, a Florida Non-Profit corporation, engaged in the care and rehabilitation of minor children on a Christian basis in a Christ-centered institution (hereinafter called the "Facility" or "First Party"), and

_____ (name of custodial parent(s) /guardian) of the County of _____, City of _____, State of _____, being the parent(s), legal guardian(s), or having legal custody (hereinafter called "Second Party") of _____, a minor, age _____, born on _____, covenant and agree as follows.

1. It is understood by Second Party that, in addition to providing for the room, board and education of the child while in residence at the Facility, the Facility is primarily organized, as is its program, to develop not only the physical, emotional and academic qualities of the Child, but his or her spiritual development as well. As for the other accommodations provided by the Facility, Second Party acknowledges, by the signing of this Agreement, that said Second Party has been given opportunity for a personal tour of the Facility and has, by personal observation, been made aware of such accommodations that are not herein specifically listed.
2. Second Party voluntarily and unconditionally, without coercion or force, relinquishes and conveys the care, custody and control of said minor Child to the Facility, expressly appointing the Facility as lawful attorney for said Second Party and in said Second Party's name, place and stead for and to serve in loco parentis (in place of Second Party) of training, both secular and religious, and for all other responsibilities, real or legal, including all necessities which the Facility deems essential for said Child. This grant of custody and control shall commence upon the signing of this Agreement by the last party hereto and shall terminate as hereinafter provided.
3. The Facility agrees to accept the care, custody and control of said minor Child for the period and under the terms and conditions herein provided.
4. Second Party covenants and agrees to assist in the support of said minor while in the custody of the Facility by paying to the Facility the sum of \$700.00 each month, with the first such payment being due on the ____ day of _____, 20____, and with subsequent payments being due and payable on the 1st day of each month thereafter as long as this Agreement is in effect, or such greater or lesser amount the Facility and Second Party might hereafter agree to in writing.

5. Second Party agrees not to interfere with the custody or management of said minor in any way and shall not encourage or permit anyone else to do so.
6. Second Party further acknowledges that said Second Party understands that Second Party's cooperation with the Facility, not only in the financial support but also in the personal participation in the Facility's program, is essential to the success of the attempt by both the Second Party and the Facility to rehabilitate not only said minor, but the entire family consisting of Second Party, said minor and any other children of Second Party. In this regard, Second Party acknowledges that Second Party has been provided a sheet of rules and regulations, a copy of which has been read and signed, thereby indicating approval and agreement to abide by.
7. Visiting privileges and other Second Party/Child contact will be at the discretion of the Facility, and Second Party agrees to be bound by such decisions of the Facility.
8. Attached hereto as Exhibit A is a statement of the disciplinary procedures of the Facility, to which procedures Second Party has indicated approval by the reading and signing of said Exhibit A.
9. That both the Facility and Second Party understand and agree that it is the goal of the Facility to return the Child covered by this Agreement to its parent(s), legal guardian(s), or the person(s) having legal custody of said Child within one (1) year from the time the Child enters the Facility.
10. Second Party understands and agrees that failure of said Child to adjust or conform to the Facility program may result in termination of the Agreement prior to the specified termination date and without prior notice to the Second Party.
11. Second Party hereby agrees to support the Facility positively at all times.
12. As required by Section 409.175, Florida Statutes, the following is the address and telephone number of our accrediting agency:
Florida Association of Christian Child Caring Agencies, Inc.
2603 SW Brim Street
Lake City, Florida 32024
386/752-2900
13. Except as hereinafter specifically provided and except for a possible renewal of the same, this contract will terminate on the ___ day of _____, 20___. At least thirty (30) days prior to the termination date, the Facility will set a time to meet with the Second Party to discuss either a renewal of the Agreement or discharge of said Child. Notwithstanding anything herein contained to the contrary, however, violation by the Second Party of any of the above terms and conditions shall entitle the Facility to terminate this

Agreement prior to the specified termination date and without prior notice to Second Party.

14. Under Section 409.175, Florida Statutes, this is a Type II Facility.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE SET THEIR HANDS AND SEALS ON THE HEREINABOVE INDICATED DATE.

Printed Name
Parent/Legal Guardian/Person
Having Legal Custody

Signature

Printed Name
Parent/Legal Guardian/Person
Having Legal Custody

Signature

I, _____ (Child) have read the above-mentioned agreement signed by my parent(s), legal guardian(s) or person(s) having legal custody of me and, by joining in with them, consent to all of the terms and conditions of the same.

Printed Name of Child

Signature

EXHIBIT A – PUNISHMENT
Attachment to AGREEMENT

Dear Parent(s),

We are honored that you have asked our staff to assist you in training your child for Christian leadership. Our total program is designed to develop the spiritual and academic qualities that characterize your child. We appreciate your confidence in our program. In order to carry out your wishes for total character development, we believe it is necessary to follow scriptural admonition to correct a child when his/her behavior is in violation of proper or reasonable rules and procedures. When warranted, corporal punishment will be exercised under the following guidelines.

1. The offense will be clearly discussed with the child.
2. A staff member will discuss scriptural applications and pray with the child.
3. The punishment to be applied for the offense may be either restrictions imposed on the activities of the child or corporal punishment under the hereinafter stated procedures.
 - a. A reasonable number of firm strokes will be administered with a paddle by a staff member.
 - b. A second staff witness of the same sex as the child will be present.
 - c. Following administering of the strokes, the staff member will pray with the child, reassuring of their love.
4. A written record will be made of the date and offense. If strokes were administered, the record will include number of strokes, name of correcting staff and name of witness.

I/We _____, have read the above and agree to support the Facility in its policy of punishment and personally pledge my/our support to this scriptural approach to discipline.

Signature
Parent/Legal Guardian/Custodian

Signature
Parent/Legal Guardian/Custodian

Signature of Child (optional)

Sworn & subscribed before me this ____ day
of _____, 20____.

NOTARY PUBLIC
Commission Expires _____

PARENTAL AGREEMENT TO PADDLING PROCEDURE

I/We _____, do hereby understand that my/our child _____, may be an exception to the normal rules of CT and the Department of Children & Families (DCF) under Statute 409.176.

I hereby in full knowledge give my permission to CT, the Administrator, and/or Staff of either sex, to administer what is considered by CT staff to be normal corporal punishment and to use, when necessary, normal physical restraint to the child.

Printed Name, Parent/Guardian

Signature

Printed Name, Parent/Guardian

Signature

Sworn & subscribed before me this ___ day
of _____, 20__.

NOTARY PUBLIC
Commission Expires _____

BIOGRAPHICAL SHEET**THIS IS NOT OPTIONAL INFORMATION. COMPLETE REQUESTED INFORMATION.**

Name _____ AGE ____ Arrival Date _____

DOB _____ SSN _____ Grade Level _____

City of Birth _____ County of Birth _____ State of Birth _____

Church Membership _____ Pastor's Name _____

Church Address _____

Does your child attend _____ faithfully, _____ occasionally, _____ never

Last School Attended _____ Last Date Attended _____

Insurance Company _____ Policy # _____

Social Security Benefits? Y / N If yes, amount of \$ _____

RACE ____ SEX ____ EYES ____ HGT ____ WGT ____ HAIR ____ COMPLEXION ____

Mother's Name _____Home Street Address (not POB) _____ Phone _____

_____ Cell # _____

Name of Employer _____

Work Street Address _____ Phone _____

_____ Email _____

StepFather's Name if applicable _____**Father's** Name _____Home Street Address (not POB) _____ Phone _____

_____ Cell # _____

Name of Employer _____

Work Street Address _____ Phone _____

_____ Email _____

StepMother's Name if applicable _____Closest Relative to Contact in case of Emergency (**someone other than admitting parents must be listed**):

Name _____ Relation _____

Address _____ Phone _____

Family Doctor _____

Address _____

_____ Phone _____

List, in detail, any special medical condition(s) of the child. _____

List specific allergies of the child and medications for allergies. _____

List special medical requirements, medications or diet. _____

Has your child ever been on mood altering medications? Yes / No

If yes, what is the last date medication was administered? _____

Doctor's name and address who prescribed medication: _____

Was your child taken off the medication under the doctor's care and supervision? Yes / No

If taken off medications for the purpose of admission to CT, you must provide a letter from the prescribing doctor of his agreement to and involvement in that process.

Signature of Admitting Parent /Date

Signature of Admitting Parent /Date

PROMISSORY NOTE

\$8,550.00

Jacksonville, Florida,

_____, 20

FOR VALUE RECEIVED, the undersigned jointly and severally promises to pay to the order of Camp Tracey Children’s Home at 1051 Arlington Road, Jacksonville, Florida, 32211, the principal sum of

Eight thousand five hundred & fifty & no/100 -----

DOLLARS

This promissory note is made for the acceptance of _____ into the 12-month program at Camp Tracey and is for tuition at the rate of \$700 per month for 12 months and an admission fee of \$150. I agree to pay in full and on time. In the event my child leaves CT without my consent and I am unable to locate the child to return to CT, I agree to pay for every month my child was at CT plus the initial admission fee plus two (2) months following departure. The balance of this note, after that 2 months, will be null and void. If I fall more than two months behind in payment of this note, I understand the bearer has the right to require that I pick up my child and pay this note in full. Other than the runaway statement above, I understand and agree that there is no valid exception to payment of this in full. If my child leaves CT under any circumstance other than the specific situation above stated, I agree that I owe this note in full. As elsewhere agreed to in this placement process, I understand that no school transcripts will be released on my child upon departure from CT so long as any due portion of this note is unpaid. I do also hereby agree to pay any announced tuition increase during the time my child is placed at CT and will incorporate such increase into this existing note. Notice of such increase will be made least thirty (30) days prior to expected first payment.

If default be made in the payment of any installment under this note, and if such default is not made good within fifteen (15) days, the entire principal and sum shall at once become due and payable without notice at the option of the holder of this note. Failure to exercise this option shall not constitute a waiver of the right to exercise the same at a later time for the same default or for any subsequent default. In the event of defaults in the payment of this note, and if the same is placed in the hands of an agent for collection, the undersigned hereby agree(s) to pay all costs of collection including a reasonable attorney’s fee. Presentment, protest and notice are hereby waived.

Signature of Parent

Signature of Parent

Sworn & subscribed before me this ___ day
of _____, 20__.

NOTARY PUBLIC

Executed in the State of _____, County of _____,
City of _____

POWER OF ATTORNEY TO CONSENT
TO HEALTH CARE FOR MINOR
AND INDEMNIFICATION AGREEMENT

I, _____, Address _____
_____, the City of _____, State of _____,
am the custodial parent(s) having legal custody of _____
_____, a minor child, age ____, born _____. I
hereby grant Camp Tracey Children's Home employees and/or assigned
representatives., (hereinafter, "Facility"), adults in whose care the minor child
has been entrusted, and whose business office is located at *1051 Arlington
Road, Jacksonville, Florida, 32211*, the power to act as my Attorney-in-Fact to
do any acts which may be necessary or proper to provide for the routine and
emergency health care of the minor child on my behalf, including, but not
limited to, the powers:

- (i) To provide for such psychiatric, psychological, or physical health care at any hospital or other institution, or the employing of any physician, psychiatrist, dentist, nurse, or other person whose services may be needed for such health care, and
- (ii) To consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, hospitalized isolation in the event of a contagious disease, and other procedures by physicians, psychiatrists, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

The Executive Director shall notify me of any major medical care being provided the minor on my behalf.

This consent shall be effective from the date of execution to and including _____, 20__, or unless specifically extended or rescinded earlier by either party.

I do hereby agree to hold Camp Tracey Children's Home (Facility), and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have, my minor child has, or which may arise in the future in connection with any medical treatment

deemed necessary and herein authorized in the exercise of the terms of this Power of Attorney to Consent to Health Care for Minor Form.

Medical Conditions of child to be aware of, including allergies to medication:

Date of Last Tetanus or Booster: _____

Physician Information

Name of Physician _____ Phone _____

Address _____

City _____ State _____ Zip _____

Insurance Information

Insurance Company Name _____

Phone _____ Policy # _____

Address _____

Emergency Phone Number(s) where Parent(s) may be Reached:

(1) _____ (2) _____

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full impact of this grant of powers to the agent named herein. I further state that I HAVE CAREFULLY READ THE FOREGOING AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR AND INDEMNIFICATION AGREEMENT AND KNOW THE CONTENTS THEREOF AND I SIGN HEREUNDER AS MY OWN FREE ACT.

Date

Signature of Parent / Guardian

STATE OF FLORIDA
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the ___ day of _____, 20__.

Notary Public, state of _____

My Commission Expires

POWER OF ATTORNEY
(In Loco Parentis)

I hereby grant to the Harvest Baptist Church and Camp Tracey Children's Home, a ministry thereof, its administrator or his agents, a POWER OF ATTORNEY over my legal ward _____, date of birth _____, to act in loco parentis (in place of parent) in all matters pertaining to said ward's health, safety, education and general welfare. Such POWER OF ATTORNEY TO INCLUDE BUT NOT BE LIMITED TO:

Securing upon advice of a licensed physician, surgeon, or dentist any immediate/emergency treatment that may be required, including administration of prescriptions and/or patented medicine.

Obtaining copies of public and/or confidential records from schools, courts, state and county agencies which may be needed for admission, discharge, special school placements or other requirements in accordance with the planned objectives of this placement.

Supervising and controlling said child's daily living requirements, including authority to administer corporal punishment when in the opinion of the administrator or his agent said corporal punishment is believed to be in the best interest of my child in accordance with the planned objectives of this placement. Further that said corporal punishment is fairly and reasonably administered, properly witnessed and recorded in my child's file.

Transporting said child to and from various activities either by private auto, bus or public transportation, or personal vehicle of the children's home employees or agents.

Allowing my child to participate in normal childhood and/or teenage activities including but not limited to church and school related activities on occasion without direct supervision of a full time CT staff member but always in the care of appropriately screened staff.

Allowing my child to ride horses, work with livestock, swim, fish, boat ride, water-ski, camp, hike, bicycle and other childhood activities.

Allowing my child to operate designated farm vehicles, tractors, and equipment when approved and supervised by CT staff.

Allowing said child to be photographed and/or filmed and to make personal appearances for advertising and other legitimate fundraising promotions of the children's home. Such photographs or appearances to be in professional

good taste, without exploitation or embarrassment and, where possible, voluntary.

Providing religious and scriptural instruction, including compulsory church attendance, at the discretion of the administrator.

I authorize members of the accrediting organization for CTCH to review my child's records as part of the annual accreditation and state registration requirement of Florida Statute 409.176.

I recognize that the children's home provides a substitute home environment and that my child will travel to and from public activities and may not always be accompanied by a full time CT staff member while traveling or participating in these activities but will always be in the care of appropriately screened staff.

I further recognize that should my child run away or leave the children's home without permission, the children's home and its staff cannot be responsible for any such acts or accidents that may occur during such absence. I will assume liability during any such unauthorized absence.

I will not hold the Harvest Baptist Church or Camp Tracy Children's Home, a ministry thereof, its trustees, administrator, or his agents liable for any injury, sickness, or accident, including death to my ward during the exercise of this POWER OF ATTORNEY granted by me.

I understand that this POWER OF ATTORNEY can be revoked by me at any time by serving such revocation in writing properly witnessed and notarized (providing there is no current court order to the contrary), or by mutual consent by me/us and Harvest Baptist Church and Camp Tracey Children's Home.

Signature of Parent

Signature of Parent

TAKING THE STUDENT OFF THE PROPERTY

During the time your student is enrolled at CT, you remain responsible for medical appointments, which necessitates your picking the child up and returning the child to the property at different times. After the first year, your child will also begin visits in the home at designated Sundays and weekends. There may be other times it is approved for you to pick up the child from CT.

Every time a parent or a person designated by the parent picks up a child for any reason and takes him off the property at CTCH, the parent is releasing CTCH and its employees from responsibility for said child during that period of time.

Every time the child returns to your home for approved visits, you release CTCH and its employees from responsibility for said child from the time you leave the property until the time you drive back onto the property.

During all approved absences of your child from the property of CT, whether taken by you or a person designated by you, you accept responsibility for the child's whereabouts and wellbeing from the time you drive off the property until the child is returned to the property.

Signature of Parent /Date

Signature of Parent /Date

Sworn & subscribed before me this ____ day of
_____, 20____.

NOTARY PUBLIC

Seal _____

GENERAL INFORMATION & PARENTAL COMMITMENT TO RULES

CONDUCT AND DRESS CODE

Initials _____

I understand and agree to abide by the following guidelines anytime visiting my child. I understand it is my responsibility to assure that everyone I invite to visit with me abides by these guidelines.

If the following guidelines are not adhered to, you understand that you will be asked to leave.

NO pants, shorts, halter tops, sundresses, low-cut sleeveless, or otherwise immodest apparel worn by any lady on the premises. Ladies will wear culottes, skirts, or modest dresses.

NO shorts or tank tops worn by any man on the premises.

NO smoking or use of tobacco or alcohol in any form on the premises.

NO use of, or possession of, any drugs on the premises.

NO profanity while on the premises.

RUNAWAY POLICY

Initials _____

I/We understand and agree that in the event said child runs away or leaves the property at Camp Tracey, I/we do not hold Harvest Baptist Church/Camp Tracey Ministries, or any individual staff member, liable or responsible for the whereabouts of said child. I/we understand that in the event of runaway, the local authorities will be called and we will be notified within 24 hours of the occurrence.

YEAR MINIMUM CONTRACT

Initials _____

I/we understand that the program at Camp Tracey is for one year minimum. If the child runs away from the home, the contract year begins anew on the date the child returns to the home. This policy is in effect every time the child runs from the facility. Upon return the contract year begins anew on the date of return. I also understand that my monthly financial obligation is extended. I attest that I do understand the policy and agree to adhere.

VISITATION/HOMEGOING

Initials _____

I/we understand that for the first year the child will not go back into the home for any reason other than death in the immediate family. Immediate family is defined as grandparents, parents and siblings. Even that will be subject to consideration of the child's progress and attitude, to be determined by the pastor and/or staff. Requests for absence regarding any other family member will not be considered.

I/we further understand that the attendance at Harvest Baptist church services is not a time of "visitation" but a time for me and my child to attend worship services together. I will be allowed to sit with my child during the time of the church service. Visitors are required to

leave the property when the students leave the auditorium. Sunday afternoons are not a visitation time. Visitors are not allowed to see students prior to service times and then leave, nor are visitors allowed to see students after service times if they were not in the service.

I/we understand that visitation by the parent(s) to the Facility is on published visitation dates only. I/we further agree that while at the Facility on visitation dates, I/we will be available for a parent meeting and/or counseling session at any time arranged by the Facility.

I/we understand that after the child has been at the Facility for one full year, the child will then be allowed to come home on designated visitation weekends only. Again, these visits are subject to consideration of the child's progress and attitude at the time. I/we understand that it will be my responsibility to pick up the child at the Facility and return the child to the Facility on designated time schedule. I/we also understand that all visitation/homegoing dates are subject to change without notification.

I do hereby further promise that I will meet with and discuss with the pastor my child's release from the program at CT **before I speak to my child** about it in any way.

PARENT SUPPORT GROUP MEETINGS

Initials _____

I/we understand that we are **REQUIRED** to participate in the parent support group meetings every other month on the property. These meetings are from 10-12 AM on the dates of visitation. Lunch will be provided and then visitation with the students is from 1-5 PM.

WAIVER FOR PICTURE/PARTICIPATION

Initials _____

Harvest Baptist Church is hereby authorized to permit pictures to be taken of the child for use by Harvest Baptist Church in publications, newspapers, and any television use for public relations for Camp Tracey Children's Home. I/we also grant permission for the child to appear in person to participate in singing, testimony, et cetera, at any public or private gathering.

MEDICAL APPOINTMENTS/NEEDS

Initials _____

I/we understand that the child **cannot set foot on the property at Camp Tracey until current immunization records, including tetanus, are provided to the office.**

I/we understand that it is the responsibility of the parent(s) to see that the child is transported to and from **necessary** medical appointments. It is not the responsibility of any Camp Tracey employee to see that the child receives medical attention. Medical appointments are to be scheduled between the parent and the church office. I/we understand that time away from the home is for medical attention and is not intended to be a time of visitation. Policy: pick the child up in time to make the appointment and bring the child **DIRECTLY** back to the premises following the appointment. It is not a time for shopping, eating out, visiting relatives, etc.

I/We understand and agree that only a parent can transport a child to and from medical appointments. The rule regarding medical appointments is (1) pick up from CT in time to make it to the appointment, and (2) return to CT immediately behind the appointment. I will not ask for exception to that, despite the inconvenience it might be to me.

ANNUAL DENTAL & MEDICAL EXAMINATIONS

Initials _____

I/We understand and agree that the child is REQUIRED to have a dental examination and a physical examination every 12 months. If possible, I/we agree to set appointments and transport to and from. If distance prohibits, I/we agree that CTCH may take the student to a physical examination and a dental examination every 12 months. We are responsible for payment of all medical visits.

RULE REGARDING CASH

Initials _____

I/we understand that during the time the child is at Camp Tracey there is never any need for the child to be given money. I/we will assure that family members know this rule; and I/we hereby commit that I/we nor family members will send or give money to the child during the time at Camp Tracey.

COUNSELING

Initials _____

I/we understand that it is not possible for the child to be admitted to Camp Tracey and undergo any required counseling through State and/or DC&F officials. I/we hereby affirm that no such counseling is presently required, and I/we understand that no such counseling will be permitted during the time my child is admitted at Camp Tracey.

INQUIRIES ABOUT THE CHILD

Initials _____

I/we understand that inquiries about the progress of the child during the time at Camp Tracey will be made **solely to Pastor McCormick at the church office**. I/we hereby attest that we will not discuss the welfare or progress of the child with another staff member or student.

PERSONAL ITEM NEEDS

Initials _____

I/we understand that requests regarding personal item needs of the child will be directed to the Dean of Men or Women at Camp Tracey.

PERSONAL BELONGINGS

Initials _____

Please understand the situation under which the students live. It is impossible to keep children from sharing clothing and belongings, no matter how diligently the staff works at it. Most clothing items and personal items that are lost at the time of dismissal are because your child "gave it away" or "loaned it" to someone who took it with them at their time of departure. Therefore, please do not send any clothing item to Camp Tracey that is not marked in

indelible ink with your child's name. Also mark items such as pillow, sheets, towels that you wish back. Also, never send any items of monetary or sentimental value to Camp Tracey. Do not send any jewelry item of value or sentiment. Keep such items at home for your child to enjoy upon return there. If you notice your child wearing an article that does not belong to him/her, or see another child with an article that belongs to your child, quietly point it out to the Dean of Boys or Dean of Girls for correction. Remember teenagers share clothing.

I/we agree not to send unmarked clothing to Camp Tracey and that we will send no article of monetary or sentimental value.

BEDDING AND LINEN

Initials _____

Provide a set of bedding for a single size bed, a pillow and a blanket. Electric blankets are permitted. Please provide a couple of sets of towels and wash cloths. It is not necessary that they be new or matched. It is acceptable for the student to bring his/her comforter for the bed.

PERSONAL ITEMS

Initials _____

Whatever personal items your child is currently using, please provide. Provide no aerosol products. For girls, no tampons. Do not bring replacement personal items to the church services. Bring personal items to the CT property on visitation dates and give them to the staff member on duty; never give directly to the student.

MAIL AND PACKAGES

Initials _____

All personal mail and packages for my child will be mailed to the following address:

Camp Tracey
10050 Camp Tracey Road
Glen St. Mary, Florida 32040
904/259-8845

SATURDAY/WEEKEND VISITATION

Initials _____

When I am unable to visit my child at the assigned Saturday visit, it is my responsibility to notify the camp office (not the child) that I am unable to visit. When my child is in the second year and qualifies for home visits, it is my responsibility to notify the office before Wednesday of the visitation weekend that I am or am not coming for my child.

CHRISTMAS BREAK

Initials _____

I understand that I am **required** to bring my child home for the designated Christmas break. The staff at Camp Tracey are not responsible for supervision of my child during those days. Children will be **picked up December 23 between 9 AM—noon** and **returned December**

26 between 7-9 PM. The only variance from those dates will be years that leaving or returning falls on a Sunday.

FOOD & GOODIES

Initials _____

I/we understand that limited food & treats are to be taken to the student. There is no stockpiling of food. Preferably, only take what can be eaten at one sitting. If an amount is taken and left, it must be enough for all the students in the dormitory; and it is understood that your child is required to share the treats.

VACATION REQUESTS

Initials _____

After the initial year, your child **MAY** qualify for vacation days during summer break. The request is to be made of the pastor at the church office with the understanding that it cannot conflict with any scheduled activity at the home and that its approval is at the sole discretion of the pastor.

HIGH SCHOOL GRADUATION

Initials _____

If my student is in the graduating class of Camp Tracey, I understand that it will not be possible for him/her to leave between completion of paces and scheduled graduation. The student must remain in the program and on the property until after the graduation exercise. There will be no exception to this policy and I agree to not ask for any exception.

SELF-INFLICTED HARM

Initials _____

If my child has a previous history of threats or attempts at suicide or self-inflicted harm, I/we agree that we will not hold Harvest Baptist Church/Camp Tracey Children's Home, pastor, staff and officers thereof responsible for any self-inflicted harm committed by our child while in the care of the facility or individuals.

I/we understand and agree to all the conditions itemized above, and our signature(s) below attest to our agreement to abide by all.

CHILDREN COMING FROM OUT OF STATE

Initials _____

If your child is being placed from outside the State of Florida and your state requires an interstate compact agreement with the State of Florida, it is the guardian's responsibility to contact said agency. If you do not know if your state does interstate compact with children and cannot find the listing for the agency in your state, you may call the following Florida number for referral information: 850/487-2760.

FOLLOW-UP AGREEMENT

Initials _____

In placing my child into the program at CT, I commit to the required follow-up program at the time of release. That follow up includes but is not limited to the following.

1. Within 3 months of release, I will have my child back at the home for one weekend as a participating student. Weekend is never a single night but is defined as Friday night through Sunday church service. That weekend will be scheduled between the parent and the church office.
2. The summer or Christmas following release, I will have my child back at the home for one full week as a participating student. That week will be scheduled between the parent and the church office.
3. I will enroll my child in Harvest Christian Academy at the end of the program if possible. If the family is active in another church where schooling is available, I will seek placement in that program.
4. I will attend Harvest Baptist Church or another fundamental, Bible-believing church faithfully with my child and will see that my child is involved in the activities of the church and youth program.
Every time a former student steps onto the property for the first 1.5 years after returning home, the student returns as a CT student enrolled in the program. They and their parents are under all the rules and guidelines agreed upon at the admission into the program from the minute the student steps onto the property until they are back in the vehicle with their family to leave.

RELEASED STUDENT VISITING HARVEST BAPTIST CHURCH

Initials _____

When former students visit at HBC services, they must adhere to the same dress code they did while in the CT program. It is very difficult to allow them to visit with the current CT students when they are "flaunting" an improper dress code, defiant in their attitude, and rubbing it in the faces of current students that they no longer "abide by the rules." If a student visits HBC in improper dress code, the student will not be allowed to talk to the current CT students. Former students are to never carry messages from a current student to anyone for any reason. When a former student visits, they are responsible for friends who attend with them.

BAPTISM

Initials _____

It is understood that your child may, at our discretion, respond to his/her expressed desire to accept the Lord as Saviour, to serve the Lord, to dedicate or re-dedicate his/her life to Christian ministry, to follow the Lord in believer's baptism, or to join Harvest Baptist Church. You will be notified of your child's desire to be baptized and given opportunity to be in attendance at that service. Placement at CT confirms your total and complete agreement to the above decisions on our part.

TOUR OF THE FACILITY

Initials _____

Have you as admitting parent or guardian visited the property at CTCH and seen it first hand?
___Yes / ___No (**If not**, you must sign the statement below.)

As admitting parent or guardian I hereby attest that I am placing said student at the facility of CTCH without having toured or visited the facility. I am aware that I had the right to tour the facility prior to admission. I waived the right to tour the facility and my admission is without any duress.

Signature of Parent

Signature of parent

PARENT INFORMATION

This information applies to birth parents. If the child has been adopted, it applies to the adoptive parents. In the event of divorce and remarriage, the information does not refer to the step-parent but to the present custodial parent and the absent birth parent.

Blood Mother or current adoptive mother (circle one)

Name _____

Maiden name _____ SSN _____

Driver's License # _____

Date of Birth _____ City & State of Birth _____

Last date child lived in your home _____

Do you carry insurance on the child? Yes / No

If yes, Company Name & Account # _____

Do you pay child support? Yes / No If yes, amount is \$ _____

Case/Docket # _____ Date of Order _____

Attach a copy of the court order

Blood Father or current adoptive father (circle one)

Name _____

Maiden name _____ SSN _____

Driver's License # _____

Date of Birth _____ City & State of Birth _____

Last date child lived in your home _____

Do you carry insurance on the child? Yes / No

If yes, Company Name & Account # _____

Do you pay child support? Yes / No If yes, amount is \$ _____

Case/Docket # _____ Date of Order _____

Attach a copy of the court order

SCHOOL INFORMATION AND RECORDS

Harvest Christian Academy / Camp Tracey

I understand and agree to the following regarding **release of records**:

- In the event my child leaves CTCH before the contracted time, and/or without consent of the pastor, school records will not be released or transferred until the Promissory Note agreement has been paid in full.
- In addition, there will be a transcript fee of \$35.00 paid to the church office prior to record release.
- When my child completes the program at CT, requests for school records received more than twelve (12) months after departure will also require an office fee of \$35.00 prior to record release.
- Tuition must be paid in full before any request for records will be honored.
- No school records will be released prior to the child's leaving the program at CTCH.

Immunization Records

I do certify that my child is up to date with all required immunization shots, including a tetanus shot, within the required time frame of effectiveness. I understand that my child cannot be admitted to CT without all immunizations, including tetanus, being current. A copy of the shot record, including current tetanus, is attached.

I agree that I am solely responsible to see that my child remains current with all immunizations during placement at CT. Listed below are future immunization needs and dates. I will schedule appointment for the shot(s) on an acceptable date through the church office, pick up for and return my child from the appointment in such a time frame that immunizations remain current.

I accept sole responsibility for this need on behalf of my child and in so doing agree to hold holt CT or HBC, any staff member or volunteer thereof, responsible for any repercussions thereof.

Transcript Request

When my student leaves HCA, an official transcript will be provided to the requesting institution, whether high school or higher education facility. However, no transcript information will be initiated for any reason prior to the student's completion of school work and physical departure from the CTCH property.

Transcript information will never be provided in fewer than 30 days after the student's physical discharge from the CT program. The coordinating of classroom supervisor and principal, along with the required cooperation between the two physical locations makes it impossible to provide the information sooner than 30 days or more. In your expectations and in dealing with receiving school facilities, please remember this and express this limitation.

POTENTIAL GRADUATES

In September, we will identify students who are prospective graduates.

the start of the school year, a student must have only **5 academic pace subjects** of state required credits to be considered a senior and be on target for graduation activities. Students who meet that criteria will be identified the first week of January as graduating seniors and will be allowed to participate in senior activities.

Signature of Parent

Signature of Parent

Student Record Release

Complete mailing addresses are required or this form will be sent back to you for completion and will just delay request of records for your student.

Student's Name _____

Age _____ SSN _____ DOB _____

Most recent school attended:

Grade Level at Withdrawal _____

School Name _____

Street Address _____

City/State/Zip _____

School attended previous to one above:

Grade Level at Withdrawal _____

School Name _____

Street Address _____

City/State/Zip _____

Dear School Counselor,

My child has attended your school in the past. Please release academic and health records to the receiving school named below:

Harvest Christian Academy
 1051 Arlington Road
 Jacksonville, Florida 32211
 904/724-8223
 Calvin Long, Principal

 Signature of parent/guardian /Date

APPROVED MAIL LIST

Below are the persons from whom my child, _____
May receive mail and to whom my child may write.

NOTE: This list should be limited to 5 addresses. Include everyone in a household as a single address (example: mother, father, brother, sister all living at the same address) and give the names of people at the address. Approved contacts are immediate family (grandparents, parents, brothers and sisters), pastor and youth pastor.

Name	Relation	Address

BACKGROUND INFORMATION

Name of Child _____

You must fill in complete answers to the questions below. Please give detailed answers. ***If you submitted this with your waiting list, it is not needful for you to complete again.***

1. Give specific incidents which have taken place over the past 2-3 months that have led you to make the decision to place your child at Camp Tracey (CT).

2. How is your child performing academically in school?

3. Is your child currently attending school? If not, how long has your child been truant?

4. What are your child's academic abilities?

5. What is your child's overall intelligence?

6. Is your child a leader or a follower?

7. Does your child: ___Lie, ___Steal, ___Drink, ___Do drugs, ___Smoke, ___Con you and others

8. Give a description of your child's background as far as psychological and/or medical treatment over the past 12 months.

9. Has your child been diagnosed with a specific medical or emotional disability? If so, describe.

10. What are your child's work habits?
11. What kind of hygiene does your child practice?
12. What is your child's temper?
13. What is your child's relationship with the family?
14. Does your child follow through on commitments?
15. What kind of music does your child listen to?
16. What are your child's eating habits?
17. Does your child have a pattern of runaway? If so, describe—frequency, how long missing.
18. Has your child made suicide threats? Suicide attempts? If so, how many times and describe.
19. Is your child sexually active? ___Yes / ___No If yes, to what sex is your child drawn?
20. Has your child been the victim of sexual abuse? If yes, state from when and whom?
Was there any legal prosecution?
Was any professional counseling given? If so, give specifics.
21. Is your child, or has your child been, in trouble with the law? If so, describe.

22. Please describe the child's present home situation. Does the child live in a home with both natural parents, one natural parent, one natural parent and a step-parent? Describe the relationship of the child and the step-parent if there is one.

23. Give a description of your child's overall attitude.

24. Does your child have violent behavior? ___ Yes / ___ No. If yes, circle the following that apply: violent toward parents/ peers/ other authority. Briefly describe.

25. Has your child attended any other program? If yes, list program names, dates, phone number and contact. Why did you remove them from the program(s)?

26. Is your child accessible on mspace.com? If so, what is the screen name and password?

27. Conclusion. In what 4 areas do you most see your child in need of treatment?

A.

B.

C.

D.

Parents/Household

1. Are you currently employed? If yes, where and for how long:
A. Husband:
B. Mother:
2. Do you have any pending lawsuits? ___Yes / ___No
3. Have you ever sued a person or organization in the past? ___Yes / ___No
If yes, when, who and what was the basis of the suit(s)?

4. Have you ever filed bankruptcy? ___Yes / ___No If yes, when?

5. Does your family regularly attend church? ___Yes / ___No
If yes, what denomination and name of church?

Signature of Parent Completing Questions

**ACCEPTANCE OF ADMISSION POLICIES AND
REQUIREMENTS BY PARENT(S)**

I/We, _____, parent(s)/legal guardian(s) of _____, do hereby acknowledge that we have read all the information contained in the preceding 27 pages of this admission packet and do hereby agree to abide by all the guidelines and requirements herein stated

	<u>Signature</u>	<u>Notary</u>
Contract (First Year)	Pages 3, 4, 5	Pages 4, 5
Biographical Sheet	Page 7	
Promissory Note	Page 8	Page 8
Medical Release	Page 10	Page 10
Power of Attorney	Page 12	
Parents Off the Property	Page 12	Page 12
General Info & Parental Commitment	Pages 13-19 (Initials)	
School Information	Page 22	
Student Record Release	Page 23	
Background Information (if not previously submitted with waiting list)		
Acceptance of Admission Policies & Requirements by Parents	Page 28	Page 28

I/We further confirm that we have received for our keeping (1) current visitation schedule, (2) Clothing & Address Information, (3) Rules & Regulations, (4) Sample of Student Medical Examination form required. We have digested that information and agree to adhere to all requests and requirements therein.

Signature(s) below attest to our knowledge of packet content and our agreement to abide by same.

Signature of Parent

Signature of Parent

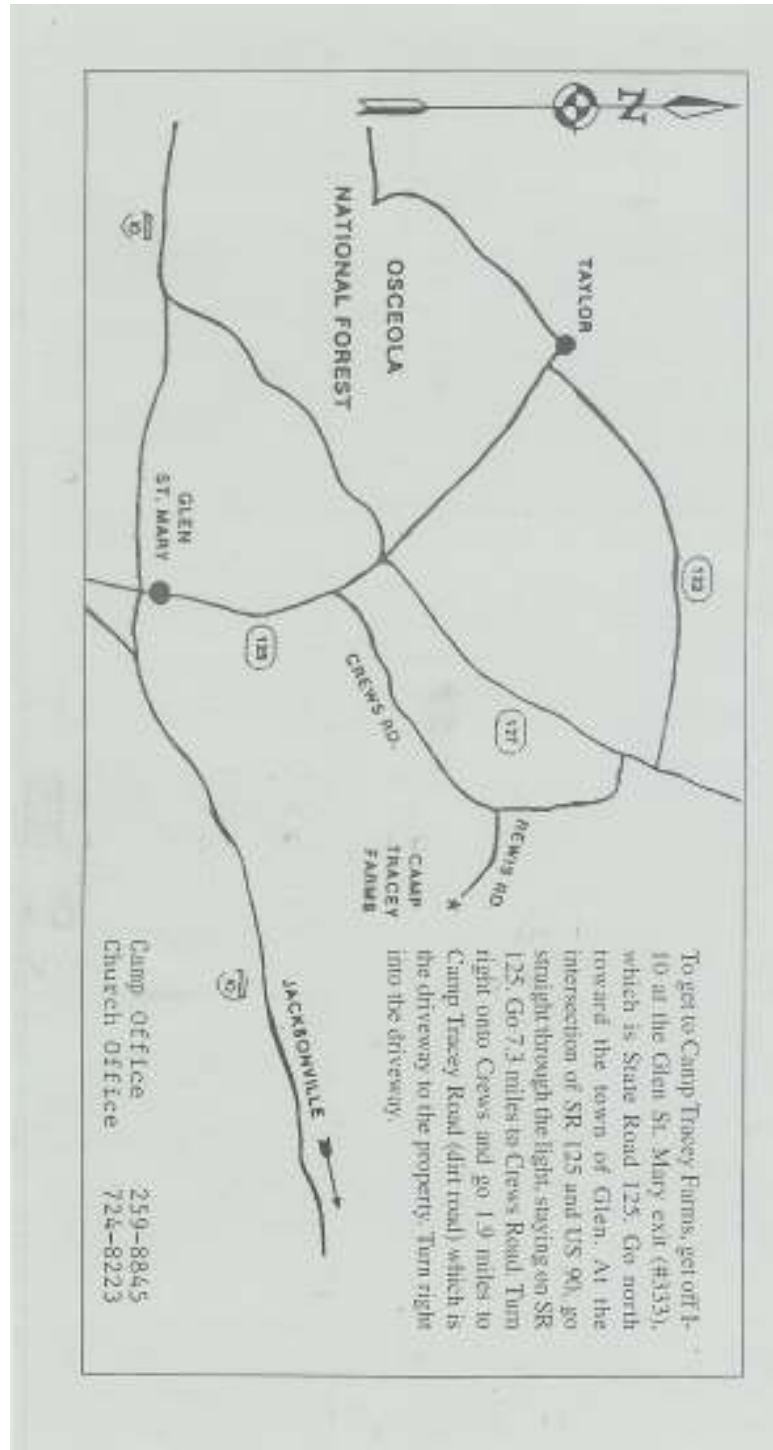
Sworn & subscribed before me this ____ day
of _____, 20__.

NOTARY PUBLIC

Commission Expires _____

**FORMS
FOLLOWING
ARE TO BE
KEPT BY PARENT(S)**

PLEASE NOTE: The children's home is about 50 miles from the church office. If you are flying in and out, note that you have a 50 mile difference between the two locations.



CAMP TRACEY RULES & REGULATIONS

Admission/Discharge

1. All bags, boxes, and suitcases will be checked upon your arrival at Camp Tracey (CT) and suitcases returned home with you.
2. No magazines, TV's, radios, cigarettes, narcotics, tobacco, tapes, tape recorders, printed materials or medication allowed without the prior approval of the home administration.
3. If while at the home any child should run away, we are not held liable and responsible. The child's bags, clothes, and personal possessions must be picked up at the church office within one month of departure. We will not hold clothing or personal belongings more than one month. Call the church office to schedule a date to pick up belongings from the church.
4. Every child must have a King James Version Bible, complete with Old and New Testaments.

Communication

5. No correspondence is allowed with anyone other than immediate family and pastors as listed on approved mail list.
6. All incoming and outgoing mail will be read.
7. No more than two (2) letters per week may be written by the child.
8. Any correspondence, incoming or outgoing, that is deemed by the staff to be detrimental or not in good taste will be returned to the sender or not forwarded to addressee.
9. The parent is responsible for supplying stationery, envelopes and stamps for correspondence.
10. There are no calls to the child except on Saturday visitation days in the event the parent is unable to attend.
11. Every child may receive a phone call on his birthday from his parent(s). Call after 7:00 PM to the dorm number.
12. All phone calls will be limited to ten (10) minutes. All phone calls must be placed to the child; the child will not be permitted to call out.

Visitation

13. Visits to the home by the parent will be allowed on the designated visitation days published to the parent at the time of admission. After the initial 30 days, parents are also allowed, and encouraged, to visit their child at any and all of the 3 scheduled church services each week.
14. During a visit by parent to the home, the child will not be permitted to leave the premises under any circumstance.
15. During the first year's stay at the home, the child is not permitted to spend the night with parents, relatives or friends.

16. All parents, when visiting the home, are required to comply with the dress code and regulations of the home. Parents will be responsible to see that anyone with them adheres to these as well. **Your signature on the paperwork does not imply your agreement with the dress code but does signify your agreement to adhere to the dress code.**
17. No talking about negative old times and past experience is permitted.
18. No child will drive any vehicle while parents are visiting.

Behavior

19. No foul language is tolerated; no smoking is tolerated; no use of alcohol is tolerated.
20. No back talking to any leader for any reason.
21. Disrespect to any adult will not be tolerated.
22. All adults will be addressed as Sir, Ma'am, Mr., Mrs., Brother or Miss.

Appearance/Hygiene

23. All personal needs will be given to the Dean in writing for submission to the parent.
24. Showers are required daily.
25. Boys are required to dress in a gentlemanly way.
26. Boys are not permitted to wear bracelets, necklaces, earrings, or any jewelry that the staff would consider inappropriate.
27. Girls are required to dress in a modest, lady-like fashion, which is governed by the approval of the staff.
28. Girls are not permitted to wear slacks or jeans.
29. All skirts, dresses, and culottes must be knee length or longer.
30. All blouses and dresses are to be the appropriate height at neckline; and this height is determined by the staff.
31. All boys' hair must be above the ear, off the collar, and neatly kept at all times.
32. Only pictures of immediate family members may be displayed by the children.

Finances

33. Parents are required to pay a \$150 application fee and a monthly tuition fee of \$700. Application and first month tuition are paid at the time of admission and monthly payments of \$700 follow that.
34. All checks and gifts are to be made out to Camp Tracy Children's Home and mailed to 1051 Arlington Road, Jacksonville, FL, 32211.
35. Any occasional medical, dental or other personal payments absorbed by CT will be mailed to the parent for immediate reimbursement.
36. The parent is responsible for all the child's clothing needs, including school uniforms and church clothing.
37. Parents are responsible for furnishing all personal items such as stockings, toothpaste, deodorant, shaving lotion, perfume, cologne, make-up, hair spray, comb, brush, etc.

Medical/Dental

38. No student will go through “routine” medical or dental treatment during the program at CT. If a student demonstrates any need for medical/dental treatment, the parent will be contacted and treatment scheduled; but there is no need for routine treatments during this brief time in the child’s life.
39. When necessary treatment is required, it will be the responsibility of the parent to pick up the child at CT and return the child to CT immediately following the appointment.
40. It is necessary that your child have had a physical exam within twelve (12) weeks preceding placement and that a medical form be submitted as evidence of such exam. If you as parent feel any urgency about your child’s need of a dental check-up, you should assure that an appointment is scheduled and all work completed PRIOR to the child’s admission to the program. It is then required that your child have a dental examination after 12 months in the program.
41. If your child is already in braces, we will work with you through the completion of that. However, no such dental procedure may be initiated during the child’s placement in the program.
42. No student will be admitted to the program while on any behavior modification medication.
43. It is required that a copy of current immunization record, including tetanus, be provided before the child can be allowed on the property at CT.
44. No student will be admitted to CT without health insurance in effect. Health insurance card and information will be required in paperwork at time of admission.

General Parent Rules and Responsibilities

45. If necessary medical, dental or other medical attention is required by the child, or if the child is required to appear in court, it will be the responsibility of the parent to pick up the child at CT and return the child to CT that same day.
46. It is the parent’s responsibility to abide by all the rules of CT while visiting on the property at CT.
47. The child is never to receive money while at CT.
48. No child is allowed to undergo state and/or DCF counseling during placement at CT.
- 49. With admission papers you must furnish a copy of birth certificate, copy of social security card, health insurance card and a photo identification card.**
- 50. No child will be accepted into the program at CT without health insurance in effect.**

Clothing Needs & Address

The address & general phone number for all **mail and packages** is
 Camp Tracey Children's Home
 10050 Camp Tracey Road
 Glen St. Mary, Florida 32040
 904/259-8845

Every student must have a King James Version Bible, complete with Old and New Testaments.

Every student must have bedding for a twin size bed—sheets, blankets, spread—and a pillow with pillow case.

At time of admission I will provide the following. All clothing should be marked with the student's name in indelible ink.

GIRLS

School Clothes –

- Navy color jumpers are provided and parent will be billed a \$12 school uniform fee
- 4 solid white blouses or solid white POLO, with collar shirts to wear beneath jumpers (Just My Size or Hanes are good brands; do not buy men's undershirts—they are too thin)
- Shoes must be flat, closed, navy or black only
- 4 pairs lightweight dress socks—white, black or navy
- Full slip, or half slip and camisole, white only.
- Button front sweater, navy or white only

Church Clothes –

- 4 dresses or skirt/top combinations. Must be **mid calf length or longer**, loose fitting, no slits, not sleeveless, modest necklines.
- Shoes may be (1) sandals with back strap, of any color, (2) dress heel no higher than 2", no clunky heels.
- Must wear pantyhose. Must provide sufficient pairs to assure hose are always available.

Casual Clothes –

- 2 pairs tennis shoes
- T-shirts with no worldly slogans across the top, any color except white, NO WHITE
- Sweatshirts for cold weather
- Culottes. These may be ordered online from www.haband.com. Any color except white (NO WHITE) and must be knee length or longer.

General Clothing Needs

- 6 solid white **COTTON** panties; sides must be 2” minimum and with no lace
- 2 full slips, or half slip and camisole, white only in color
- 4 bras (fiber padding acceptable but no foam or lift bras and no underwire). Black is only permitted on very dark skinned students; others must wear white.
- Loose gauchos and tee-shirts to sleep in.

BOYS

School Clothes –

- Jeans or khaki pants
- Any color polo shirt
- Dress shoes (not tennis shoes)

Church Clothes –

- Dress slacks any color
- Shirt & tie to match; **NO black dress shirts**
- Dress shoes

Casual Clothes –

- Blue jeans or overalls
- T-shirts (no muscle shirts or midriff shirts or questionable pictures or logos)
- Tennis shoes
- Work shoes/boots (required)

