

WAITING LIST FORM

PLEASE NOTE: Current photo must accompany this form or it is incomplete and will not be considered for placement.

COMPLETE & SUBMIT THIS FORM. IT IS THEN **YOUR RESPONSIBILITY TO STAY IN TOUCH** WITH THE OFFICE **ONCE A MONTH** UNTIL A BED IS AVAILABLE FOR YOUR CHILD. The waiting period may vary from weeks to several months.

NOTE: It is a requirement that students placed into CTCH have medical insurance (not Medicaid) that covers illness, injury and accident. If you do not have such coverage, it is not possible to place your student in the program at this time. For your current insurance, please provide name of carrier _____, policy # _____, and effective date of student's coverage _____. **NOT STATE MEDICAID other than Florida**—that coverage is not transferable outside the State in which you live.

Child's Name _____ Grade Level _____

Age _____ DOB _____ Sex _____ Height _____ Weight _____

Home address _____

Email Address _____

DAY Phone Number for Parent _____

Recommended to Camp Tracey by _____

Please state briefly what is going on with your child to make you consider admission to Camp Tracey:

Does your child have a problem with bed wetting? _____

As parent/guardian, I understand and agree to provide the following admission requirements: (1) one year minimum admission contact; (2) finances of \$150 application and \$700 per month for every month (subject to increase prior to placement); (3) doctor examination within the last 3 months of admission date; and (4) Interstate Compact Placement Form for child if received from outside of the State of Florida.

Signature of Parent/Guardian _____ Printed Name _____ /Date _____

Mail completed form (with photo) to: Camp Tracey Ministries, 1051 Arlington Road, Jacksonville, FL 32211
(For Office Use)

Date of calls _____

Admission offered on _____ Decision _____

Appointment with Pastor _____ Admission on _____

INTRODUCTION TO CAMP TRACEY CHILDREN'S HOME

Camp Tracey Children's Home (CTCH) is a ministry of Harvest Baptist Church and is located about 55 miles outside of Jacksonville, Florida. We minister to teenagers between the ages of 13-17, both boys and girls. These young people come to us with a variety of problems including rebellion, truancy, drugs, alcohol, prostitution, and criminal activity.

Parent(s), please understand that it is our heart and desire to be cooperative. However, with placement of your student into the program at CTCH, you must accept that the coming year will be an inconvenience. It is not possible to make exceptions to the rules; it is necessary that you transport your student to and from medical/court appointments without overnight stays regardless of the distance; there are specific visitation dates at the facility and all of them will never be convenient for you. Please say to yourself now and accept the fact that, with placement, the coming year will at times be an inconvenience.

ADMISSION REQUIREMENTS

1. Every student admitted to CTCH must have medical insurance that covers illness, injury and accident. If your child does not have such insurance, placement is not possible at this time.
2. We are not supported by state or federal funds and are totally a faith operation. We must ask the family to provide \$700.00 per month. At the time of admission, there is a \$150.00 application fee and the first month's tuition due for a total of \$850.00.
3. Every student comes for a **minimum** of one year.
4. No student goes back home for any reason for the first year. Visitation privileges are explained in the application paperwork.
5. Every student must have had a physical examination within the past six (6) months at the time of admission. The application packet will include a Student Medical Form which the attending physician will be asked by the parent to complete and submit.
6. If your child is being placed from outside of the State of Florida, you must contact your local child welfare office and request a Interstate Compact Placement Form. A phone number will be provided for this contact.

SECURITY. CTCH is not a lock-up facility. Our practice in the event of runaway is: you bring them back, and we take them back. The children are supervised 24 hours a day by an adult; but we do have some of the children who will run away. We will work with you initially, and the local authorities, to locate them. When they are located, your return to Camp Tracey will be expected and accepted.

PHILOSOPHY. CTCH operates by four basic philosophies. Simply put they are (1) Teach the Word of God and live by Bible principles, (2) Love the children unconditionally, (3) Discipline in love and according to Bible principles, (4) Teach the children the value and self respect that comes from work.

MEDICATION. Please note that we **do not accept** students into the program at CTCH who are on behavior modification medications.

BACKGROUND INFORMATION

Name of Child _____

You must fill in **complete answers** to the questions below. Please give **detailed** answers.

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. Is your child a cutter (cut herself/himself)?

8. Does your child: ___ Lie, ___ Steal, ___ Drink, ___ Do drugs, ___ Smoke, ___ Con you and others

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

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

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

23. 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.
24. Give a description of your child's overall attitude.
25. Does your child have violent behavior? ___ Yes / ___ No. If yes, circle the following that apply: violent toward parents/ peers/ other authority. Briefly describe.
26. 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)?
27. Is your child accessible on myspace.com? If so what is the screen name?
28. 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 and who? What was the basis of the suit?

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

