Lakeside Academy

Parent/Guardian Name_____ **Date:** _____

Child's Permanent Address:
Street: _____
City, State, Zip: _____
Phone: (h) _____ **(c)** _____
Email:_____

Legal Resident Of:
State: _____
County: _____

Child's First Name:_____ **Gender:** ☐Male ☐Female
Middle Name:_____ **Social Security Number:** _____-_____-_____
Last Name:_____ **DOB:** ____/____/____ **Age:** _____ **Height:** _____ **Weight:** _____
Nickname(s) if any: _____ **Written/Verbal Language**: ☐English, Other_____

Does Your Child Have Any Relatives Or Friends Currently In Our Program? ☐No ☐Yes; Who?_____

Has Your Child Previously Been In Our Program? ☐Yes ☐No **How Many Years Ago?** _____

Custody Status: ☐Parents Married ☐Joint Legal ☐Father- Sole ☐Mother-Sole ☐Legal Guardian

Adopted: ☐Yes ☐No **Citizenship:** ☐United States ☐Other _____

Race: ☐American Indian ☐Asian ☐Black ☐Hispanic ☐Multi Racial ☐White ☐Other _____

Parent's Religious Affiliation: _____ **Child's Religious Affiliation:**_____

My Child Mainly Needs Help With: (Check All That Apply) ☐Behavior ☐Alcohol/Drug Use ☐School
☐Mental Health ☐Other: _____

Has your child ever been in a Residential Program? ☐ Yes ☐ No

Prior Residential Program: (list the most recent program your child has been in)

Name of Facility: _____
Address: _____
City: _____State: _____ Zip:_____
Phone: _____ Fax: _____
Dates of Program: ____/____/____ to ____/____/____
Did he complete the program? ☐ Yes ☐ No
Reason for discharge if not completed:_____

For Admission Use only:

INSURANCE INFORMATION

Does your child have medical insurance? ☐Yes ☐No If yes, please provide the following information:

Insurance Provider: _____ Member ID Number:_____
Address: _____ Group Number: _____
City:_____ State:_____ Zip:_____ Provide Phone: ( )_____-_____

IMPORTANT NOTE: *This is for supplemental medical needs while in the program. (i.e. doctor's visits, prescriptions, etc.) Not all insurance plans cover out-of-state clinics and services. If deemed necessary, a student may need to be seen by a local clinic while in the program. If insurance does not cover the medical visit, parents will be billed directly by the clinic for services.*

_____ _____
Initial Initial

Lakeside Academy

How did you hear about Lakeside Academy:

☐Internet/web search ☐Received email ☐ Direct Mailing ☐Print ad ☐Television ad ☐Radio ad
☐Referred by a friend ☐Referred by a health professional ☐ Referred by a legal professional ☐Referred by a pastor
☐Attended a conference ☐Other_____

In your own words, tell us why you want your child to come to Lakeside Academy and the main issues you believe your child needs to deal with while in the program: (Please **print** clearly)

_____ _____
Initial Initial

Lakeside Academy

STRENGTHS AND ASSETS INVENTORY

Please check all that apply:

☐	accepting	☐	helpful	☐	social	☐	forgiving
☐	agreeable	☐	honest	☐	spiritual	☐	free
☐	analytical	☐	humble	☐	steady	☐	friendly
☐	approving	☐	industrious	☐	straight-forward	☐	generous
☐	assertive	☐	involved	☐	thoughtful	☐	gentle
☐	attentive	☐	kind	☐	tolerant	☐	good listener
☐	bold	☐	lawful	☐	trusting	☐	giving
☐	careful	☐	loving	☐	unassuming	☐	guilt-free
☐	cautious	☐	modest	☐	venturous	☐	rational
☐	cheerful	☐	nice	☐	warm	☐	realistic
☐	concerned	☐	open	☐	willing	☐	relaxed
☐	confident	☐	open-minded	☐	witty	☐	reliable
☐	considerate	☐	optimistic	☐	permissive	☐	romantic
☐	content	☐	organized	☐	persistent	☐	selfless
☐	controlled	☐	outgoing	☐	playful	☐	self-sufficient
☐	cooperative	☐	patient	☐	Polite	☐	sensitive
☐	decisive	☐	peaceful	☐	dependable	☐	extroverted
				☐	disciplined	☐	flexible

Include any additional positive traits here:

_____ _____
Initial Initial

Lakeside Academy

PHYSICAL HEALTH

Please be advised that Lakeside Academy is NOT a Hospital Based Setting
If it is determined your child's needs exceed our care ability; you will be referred to a more suitable placement.

Medical History: (Check all that apply to child's current and past conditions)

☐ Asthma	☐ Fetal Alcohol Syndrome	☐ HIV/AIDS
☐ Back Problems	☐ Gastric Bypass Surgery	☐ Pancreatitis
☐ Celiac Disease	☐ Head Trauma/TBI	☐ Respiratory Problems
☐ Colitis	☐ Heart Attack/Stroke/Condition	☐ Seizures
☐ Crohns Disease	☐ Hepatitis	☐ STI/STD
☐ Diabetes ☐ Type 1 ☐ Type 2	☐ High Blood Pressure	☐ Tuberculosis

Does your child have any current medical concerns? If yes, please be specific:_____
_____

Primary Physician's Name:_____
Clinic Name:_____
Address: _____
City: _____State: _____ Zip:_____
Phone: _____Fax: _____
Dates of Treatment: ____/____/____ to ____/____/____
Reason for Treatment: _____
_____

For Admission Use Only:

Is your child allergic to any medications? ☐ Yes ☐ No If Yes, what medications?_____
_____

Is your child being treated with prescribed narcotics/benzodiazepine/opiate/prohibited medications? ☐Yes ☐No
If Yes, what medications?_____
(Applicants on these types of medications or ingesting any of the above will need to complete the taper regimen prior to admission or switch to approved medications under doctor supervision.)

Non- Psychiatric Medications:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		

Special Needs:

Does your child have any type of disability?	☐ Yes	☐ No	Type: _____
Does your child have any chronic conditions?	☐ Yes	☐ No	Type: _____
Does your child have any medical restrictions?	☐ Yes	☐ No	Type: _____
Does your child have any other type of special needs?	☐ Yes	☐ No	Type: _____
Does your child have any allergies?	☐ Yes	☐ No	Type: _____
Does your child require a special diet?*	☐ Yes	☐ No	Type: _____

Lakeside Academy does not make special dietary accommodations.

_____ _____
Initial Initial

Lakeside Academy

Physical Examination Form (1 of 2)

(To be filled out by a medical professional)

Applicant's Name:_____ SSN: _____-_____-_____ Date of Birth: ____/____/_____

Sex: ☐ Male ☐Female Height: _____ Weight: _____ BP_____ Pulse_____

Medications (list all medications the applicant is currently taking)

Medication	**Dose**	**Indication**

Examination	Normal	Abnormal	Not done	Abnormality description
Head, eyes, ears, nose, throat				
Neck				
Cardiovascular System				
Respiratory System				
Abdomen				
Skin				
Extremities				
Neurological System				
Mulculoskeletal System				
Rectal				
Urogenital system				

Lakeside Academy

Physical Examination Form (2 of 2)

(To be filled out by a medical professional)

Required lab testing for Lakeside Academy students:

- ☐ HIV
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Tuberculosis

***Testing for other STD's at discretion of physician**

Food allergies? Yes No _____

Type of reaction_____

Drug allergies? Yes No _____

Type of reaction _____

Are there any medical conditions that may endanger the health of the staff or students in our residential program?

Yes No Condition: _____

Is there any reason why this applicant should not assist in the preparation of food?

Yes No Condition_____

Physician's Printed Name: _____Date of Physical Exam: ____/____/____

Physician's Signature: _____ Phone: (_____) _____-_____

I authorize the release of the physical examination information contained on this form and laboratory test results to Lakeside Academy. I also authorize the physician who performed the physical examination and/or his/her staff to discuss my medical conditon with Lakeside Academy.

Applicant's Signature: _____ Date: ____/____/____

Please send this completed form and laboratory reports to:

Lakeside Academy
Admissions Dept.
100 Garrison Ave NE
Buffalo, MN 55313
Phone: (612) 238-6700
Fax: (855) 894-0427
Email: jason.roberge@mntc.org

Lakeside Academy

MENTAL HEALTH

Mental Health History: (Only check the following conditions IF diagnosed by a professional.)

- ☐ ADD / ADHD
- ☐ Anorexia
- ☐ Anti-Social Personality Disorder
- ☐ Anxiety Disorder/Panic Attacks
- ☐ Autism /Asperger's
- ☐ Bipolar Disorder
- ☐ Borderline Personality Disorder
- ☐ Bulimia
- ☐ Depression
- ☐ Dissociative Identity Disorder
- ☐ Hallucinations
- ☐ Hearing Voices
- ☐ Homicidal Tendencies/Thoughts
- ☐ Intermittent Explosive Disorder
- ☐ Insomnia
- ☐ Narcissistic Personality Disorder
- ☐ Oppositional Defiant Disorder
- ☐ Paranoia
- ☐ Physical Abuse
- ☐ PTSD/Trauma
- ☐ Rape
- ☐ Reactive Attachment Disorder
- ☐ Schizoaffective Disorder
- ☐ Schizophrenia
- ☐ Self-Injury
- ☐ Sexual Abuse
- ☐ Suicide Ideation (thoughts)
- ☐ Suicide Attempts
- ☐ Other Diagnosed Disorder_____

Has your child thought about, or attempted suicide in the past 3 months? ☐Yes ☐No If yes, how long ago: ___
Are you aware of your child having access to or viewing "The Dark Web?" ☐Yes ☐No

Primary Psychiatrist/Psychologist: _____
Clinic:_____
Address: _____
City: _____State: _____ Zip:_____
Phone: _____ Fax: _____
Dates of Treatment: ____/____/____ to ____/____/____
Reason for Treatment: _____

For Admission Use Only:

Mental Health Medications Currently Taking:

Medication Name	Dosage	Reason
1.		
2.		
3.		
4.		
5.		
6.		

***Lakeside Academy requires a current diagnostic assessment as part of its admissions requirements.

Has the applicant had a Diagnostic Assessment in the last 6 months? ☐ Yes ☐ No (If yes, please include this with the application.) If a DA is not provided, an assessment will be done onsite for an additional cost of $300. This can be submitted to your insurance company.

Signing below gives Lakeside Academy authorization to perform the DA at an additional cost of $300.00.

(signature) _____ (date) _____

Assessors Name: _____ Clinic Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____Email:_____

_____ _____
Initial Initial

Lakeside Academy

LEGAL ISSUES

Is your child currently on probation or parole? ☐ Yes ☐ No State/County: _____
Does your child currently have any court cases pending? ☐ Yes ☐ No State/County: _____
Is your child currently under investigation for anything? ☐ Yes ☐ No State/County: _____
Does your child currently have any outstanding warrants? ☐ Yes ☐ No State/County: _____

Has your child ever been convicted of a violent crime? ☐ Yes ☐ No If yes, please list each conviction and date:
_____

Has your child ever been convicted of a sex related crime: ☐ Yes ☐ No If yes, please list each conviction and date:
_____

Is your child currently facing charges for a violent or sex related crime? ☐ Yes ☐ No If yes, please describe fully:
_____

Is your child required to register as a sexual or predatory offender? ☐ Yes ☐ No
If yes, what Level? 1 2 3 **Is your child required to "Notify the Community" or police department?** (please circle)

Probation Officer's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

Attorney's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

Case worker: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

For Admission Use Only:

EMERGENCY CONTACTS

Primary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Secondary Contact Name: _____ Relationship: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

_____ _____
Initial Initial

Lakeside Academy

CHEMICAL DEPENDENCY

Check all known substances used:

- ☐ Alcohol
- ☐ Cocaine
- ☐ Ecstasy (i.e. MDMA, Molly)
- ☐ Heroin
- ☐ Inhalants (i.e. aerosol sprays, spray paint, etc.)
- ☐ LSD/Acid
- ☐ Marijuana
- ☐ Methamphetamines
- ☐ Over the counter medication
- ☐ Prescription pills
- ☐ Steroids
- ☐ Synthetic drugs (i.e. K2, Spice, Bath Salts)
- ☐ Tobacco/cigarettes/chew
- ☐ Vaping / eCigs

If Child Is Abusing Substances, Last Date Of Use? _____
Substance(s) Used: _____

Previous Treatment for Substance Abuse:

In-Patient Treatment (list the most recent program your child has been in)

Name of Facility: _____
Address: _____
City: _____State: _____ Zip:_____
Phone: _____ Fax: _____
Dates of Program: ____/____/____ to ____/____/____
Primary Reason for Treatment: _____
Did he complete the program? ☐ Yes ☐ No

Out-Patient Treatment (list the most recent program your child has been in)

Name of Facility: _____
Address: _____
City: _____State: _____ Zip:_____
Phone: _____ Fax: _____
Dates of Program: ____/____/____ to ____/____/____
Primary Reason for Treatment: _____
Did he complete the program? ☐ Yes ☐ No

Please submit copies of the following with this application:

- C/D Assessment and Progress Notes
- Treatment Recommendations
- Continuing of Care Recommendations
- Discharge Summary

_____ _____
Initial Initial

Lakeside Academy

SCHOOL / EDUCATIONAL

Student's Name_____ **Date of Birth:** _____

1. Is your child currently enrolled in school? ☐Yes ☐No
2. Is your child home-schooled ☐Yes ☐No
3. Does your child read and write English at a 5th grade level or above: ☐Yes ☐No
4. What is his current grade level? ☐9th ☐10th ☐11th ☐12th ☐Other_____
5. Are they on an IEP (Individualized Education Plan/Program)? ☐Yes ☐No
6. Do they have a 504 accommodation? ☐Yes ☐No
7. To your knowledge is your son on an RTI (Response to Intervention) plan? ☐Yes ☐No

Previous School Attended:

_____
School Name

_____
Address

_____
City State Zip Code

_____
Phone Number Fax Number

_____
Records Coordinator E-mail Address

IN ACCORDANCE WITH REVISED FEDERAL AND STATE STATUTES, PERMISSION OF THE PARENT OR ADULT IS NO LONGER REQUIRED WHEN RECORDS ARE REQUESTED BY AUTHORIZED SCHOOL PERSONNEL.

_____ _____
Initial Initial

Lakeside Academy

Voluntary Compliance with Faith Based Activities

Lakeside Academy is a faith-based program that is based upon Christian principles and practices. If you do not want your son to participate in this program and follow the requirements listed below, please contact our admissions department and we will provide a referral list of other programs that may better meet your needs.

If you object to the spiritual education model utilized by Lakeside Academy and object to the religious character of this organization, Federal law gives you the right to a referral to another provider. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them.

Please read each item carefully and initial your acceptance to each program requirement.

Upon admittance to Lakeside Academy, I agree to the following:

____ My child will participate in daily devotions, Bible reading, and prayer.

____ My child will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles.

____ My child will attend church services when scheduled.

____ If offered the opportunity to partake in communion or water baptism participation is voluntary.

____ If I object to the religious nature of this program and its requirements, I will notify the Center Director and receive a referral to another program of my choosing.

My signature below indicates that I have carefully considered the Christian nature of the program and have made a free and independent choice to participate in the Lakeside Academy program. I also acknowledge that I have been given the opportunity to ask for a referral list of other faith-based and secular programs.

☐ I have spoken with my child about placing him/her in a faith-based program.

_____ ____/____/____
Parent's Signature **Date**

_____ ____/____/____
Parent's Signature **Date**

Print Child's Name: _____

_____ _____
Initial Initial

Lakeside Academy

Lakeside Academy Personal Media Release

STUDENT'S NAME _____ DATE:_____

In consideration of and as a condition to my admission to the Lakeside Academy ("LA") residential treatment and recovery program ("the Program"), I hereby give LA (the "Licensee") and its sub licensees, assigns and legal representatives including, but not limited to Teen Challenge USA and Global Teen Challenge the perpetual, unlimited, but revocable worldwide right to use, publish and/or broadcast my personal dependency and/or recovery story, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify and edit any film, videotape, audiotape and photograph taken or made of me during my participation in the Program, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them.

The Licensee will not use any information about me other than what I voluntarily and personally provide.

I agree that all recordings, video, film, photography, drawings or other images taken or made of me by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use to which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.

I hereby release, discharge and agree to hold the Licensee, its sub licensees and all persons acting with its permission or authority harmless from any claim, demand or liability attributable to any use or activity authorized herein, including without limitation any claims for defamation, libel or invasion of privacy or publicity rights.

I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.

I understand that upon ninety days written notice from me to LA's Chief Operating Officer, LA will discontinue all uses and activities authorized above, and, if it has authorized third parties to make such uses or engage in such activities, it will make reasonable efforts to see that such third party or parties discontinues them as well.

☐ **I/We ACCEPT the Lakeside Academy Media Release Agreement.**

Parent's Signature_____ Parent's Signature_____

Print Name_____ Print Name: _____

Address:_____ Address: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip:_____

Email: _____ Email: _____

Phone: _____ Phone:_____

☐ **I/We DECLINE the Lakeside Academy Media Release Agreement.**

_____ _____
Initial Initial

Lakeside Academy

Parental Release of Liability Agreement

I/We, _____, parent(s), guardian(s), or conservator(s) of

_____, a minor child, born on _____, hereby agree that he/she can enroll in Lakeside Academy (LA) and Minnesota Adult and Teen Challenge (MnTC), a therapeutic boarding school. I/We further agree that I/we relieve LA/MnTC, its staff, employees, students, and board members from any responsibility or liability for any damages to him or his property during his residence at LA/MnTC or during any related travel and/or activities. I/We also agree to release, hold harmless, and relinquish all rights to pursue any cause of action whatsoever against LA/MnTC, its staff, employees, students, and board members if a resident voluntarily leaves LA/MnTC or for any damages incurred during his residence. I further acknowledge that LA/MnTC is not a lock down facility and that in the event my child runs away from the facility, he is considered discharged and LA/MnTC is not responsible for his safety.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Medical, Surgical, and Dental Permit

Lakeside Academy may provide emergency services anytime the parent(s), guardian(s), or emergency contact person(s) cannot be reached, when, in the opinion of the attending, duly qualified physician, said services are deemed necessary or advisable. I/we consent to the administration of whatever anesthetics are advisable or necessary and I/we agree to be solely responsible for payment of any and all medical or dental services obtained.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

APPLICANT'S STATEMENT

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my child may be discharged from the Lakeside Academy program. Furthermore, I understand that Lakeside Academy is a Christian, faith-based program and that I have made a free and independent choice to enroll my child. I understand that other program options are available to me and I have had an opportunity to request a referral. I agree that that I will settle any and all previously asserted claims, disputes or controversies arising out of or relating to my application, participation in and discharge from the Lakeside Academy program with Lakeside Academy by final and binding arbitration in accordance with the applicable American Arbitration Association rules of arbitration in effect on the date that arbitration is requested by either me or Lakeside Academy. I agree that all administrative costs of arbitration shall be divided equally among the parties.

Please initial indicating that you have received, read, and agree to abide by the following documents:

_____ Lakeside Academy Student Manual

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

_____ _____
Initial Initial

Lakeside Academy

Program Costs: Enrollment, Tuition, Deposits, and Other Fees

Enrollment Fee: $4,000.00 (non- refundable)
Paid once at the time of admission; the fee covers all aspects of the intake process including room & board for up to one month. All services covered in the monthly tuition are also included in the enrollment fee.

Monthly Tuition: $4,000.00 (beginning on month 2)
Standard tuition covers: room & board (breakfast, lunch, dinner, and snack daily), 24/7 direct care staff, academic support for online school (classroom teacher), daily vocational experience (i.e. woodshop, welding, automotive, etc.) on-site recreational activities, individual and group counseling sessions with a pastoral youth counselor, and other basic behavioral groups. See below for additional mental health services.

Damage Deposit: $500.00
A damage deposit is required for all applicants at the time of admission. Money from this deposit will be used to repair or replace damaged property caused by the student. Parents/guardians are required to replace money used from the damage deposit so that a $500.00 deposit is maintained at all times. A minimum charge of $50 will be charged per incident. Upon discharge, the damage deposit minus any damage expenses will be refunded.

Academic/Educational Fee: $600.00 (non-refundable)
This $600.00 fee covers the cost of the polo shirts and sweatshirts required as part of the uniform. It also covers the cost of elective classes including materials used for vocational experience projects (shop), educational set-up costs, career assessment, and standardized testing.

Personal Needs Money: $300.00
There will be no charge for normal recreational activities. Occasionally, students will have opportunities to take part in offsite recreational or ministry-oriented outings. Personal needs money will be used for such events and outings. Also, this money can be used to purchase hygiene products or other basic needs from the Student General Store or for items from the Student Reward Center such as additional snacks.

TADS Billing and Tuition Management: $45.00 *(non-refundable)*
This is a one-time fee required to set up tuition payment for the program. NOTE: if you use a credit card, TADS does assess an additional processing fee of 3%.

Additional Mental Health Services

It may be deemed necessary that your son receive additional individual therapy sessions or groups with a licensed MH therapist. A determination will be made during the initial assessment or periodically throughout the program as needed.

Billing for MH Services

We will work with your current insurance provider to help cover these costs. Either all or a portion may be covered depending on your coverage plan. If these services are not covered by your insurance, these expenses would be billed directly to you.

Minimum Due At Time of Admission:
Enrollment Fee: **$4,000.00**
Academic/Education Fee: **$600.00**
Damage Deposit: **$500.00**
Client Personal Needs Money **$300.00**
TADS Fee: **$45.00** (paid directly to TADS)

_____ _____
Initial Initial

Lakeside Academy

Program Costs: Tuition, Deposits, and Other Fees (cont.)

Refund Policy

Tuition and room & board fees are pro-rated so that students are charged only for the days they are enrolled in the program. Students are considered enrolled in the program even though they may be temporarily away from our facility. *(i.e. medical/legal appointments, hospital stays, home visits, etc.)* Students will be charged for the day they are admitted into the program but will not be charged for the day they are discharged.

- Unused money in the student's personal funds account will be included in the final refund.
- Unused money in the damage deposit fund will be included in the final refund.
- It may take up to two weeks after the date of discharge to receive a refund.

If a student discharges from the program for any reason prior to 30 days, the enrollment fee, as well as the academic fee, are nonrefundable.

I have read the statements above regarding the financial obligations of enrolling my son at Lakeside Academy and agree to these terms.

_____ _____
Parent/Guardian signature Date

_____ _____
Parent/Guardian signature Date

_____ _____
Initial Initial