

# GOODLAND ACADEMY

1216 N 4200 RD • Hugo, Oklahoma 74743 • (580) 326-7568 • fax (580) 326-5556

email: admission@goodland.org • website: www.goodland.org

## Enrollment Agreement

I (We) , \_\_\_\_\_

residing at \_\_\_\_\_

phone number \_\_\_\_\_

parent(s)/guardian(s) of \_\_\_\_\_

hereby request Goodland Academy (hereafter referred to as GOODLAND) accept into their educational program the above named youth. I (We), furthermore, agree and affirm that:

1. The above named youth understands and agrees to enrollment at GOODLAND and has willingly made a commitment to complete the program. Furthermore, the above named youth fully agrees to abide by all the rules and regulations.
2. I, as parent or guardian, understand and agree to the enrollment of the above named child into the educational program of GOODLAND for an indefinite period until such time my child completes all requirements of the program.
3. **STATUS CHANGE NOTIFICATION:** I agree to make myself readily available to GOODLAND personnel in order to discuss the progress and information about my child. I will promptly notify GOODLAND of any changes in address, telephone numbers, marital status, custody, employment, or other important events, which may affect my child while he is in care.
4. **COUNSELING AND PLAN OF SERVICE:** I understand and agree that GOODLAND will develop an individual plan of service for my child. This plan of service will be reviewed periodically and will be concerned with the care and development of my child for an indefinite period. I understand that my child may be required to attend counseling. I understand and agree to meet at GOODLAND not less than every six (6) months to discuss my child's progress. I agree to participate in family conferences as needed to further the plan of care of my child and to promote family growth and understanding.
5. **CHRISTIAN EDUCATION:** I understand and agree that GOODLAND will provide Christian education and training as part of the program. I agree to and give my full permission for my child to attend and participate in church services and Christian education classes both on and off campus. I do understand that my child will be provided the opportunity for spiritual growth and enrichment, but will not be forced to accept any particular religion.
6. **EDUCATION PROGRAM:** I understand and agree that GOODLAND will develop an educational plan for my child to be taught in the campus school. I also understand that my child will be enrolled in course work, which is most appropriate for my child's individual needs.
7. **MEDICAL INSURANCE:** I agree to provide medical insurance for my child. I also agree to notify GOODLAND of all changes made regarding health insurance and update the information as needed.

Applicant :

Parent's Initials:

Page 1 of 8

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8. **PHYSICAL FITNESS PROGRAM:** I understand and agree to my child participating in a rigorous physical fitness program.
9. **ACCIDENTS:** I also agree that in the event of an accident involving my child or the death of my child while care is maintained by GOODLAND, I will not hold GOODLAND liable. If my child should die while under the care of GOODLAND, I agree to be responsible for funeral expenses.
10. **TRIPS:** I understand that GOODLAND will be transporting my child to a variety of events and other places for the enrichment of my child's life. I hereby grant my permission for GOODLAND staff and approved volunteers to transport my child without restriction.
11. **PHOTO RELEASE:** I agree to and give my full permission for GOODLAND to use my child's full name and picture in or on any and all publications, news releases, periodicals, and all other advertising. It is agreed that this will be done in good taste and in a manner not detrimental to my child. I also give consent for my child to attend club meetings or public gatherings and perform with a group from GOODLAND.
12. **FINANCIAL OBLIGATION:** I understand that the fee structure is based on a sliding scale based on the parents' ability to pay. I pledge to pay to GOODLAND the amount of \$\_\_\_\_\_ each month beginning \_\_\_\_\_ for the care, supervision and support of my child. I will neither send this in my child's mail nor give it to him on a visit to deliver for me, but will send moneys by mail directly to the office of finance at GOODLAND.
13. **MONEY:** I agree to discuss gifts, clothing or property and amounts of money with GOODLAND staff before giving them to my child. I agree to send moneys, checks, tickets or gifts for my child directly to the GOODLAND administrative office for disbursement to my child. Checks for your child must be made payable to your child. I understand my requests as to how my child spends his money will be honored as long as it is in their best interest.
14. **SEARCHES:** I understand that room searches, body searches and chemical analysis may be performed when my child is suspected of a violation of rules and regulations and I do not object to this procedure.
15. **SUPPORT AND COOPERATION:** While my child remains at GOODLAND, I will encourage him to cooperate fully with the all personnel involved in his care. I promise and pledge my support and cooperation with all those who have charge of my child. I agree not to discuss with my child, verbally or by letter, my intent to remove him from GOODLAND without first discussing the arrangements with GOODLAND.
16. **TERMINATION OF SERVICES:** I agree that I will not seek the removal of my child from GOODLAND during the course of a school semester. In the event termination of care by GOODLAND becomes necessary, I agree to make arrangements for the transportation of my child. If I cannot arrange transportation, I understand GOODLAND may arrange transportation for my child at my expense.
17. **CLOTHING:** I agree to furnish a proper amount of clothing for my child upon admission to GOODLAND. I further agree to supply the future clothing needs of my child as long as he is in care of GOODLAND.

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18. **EMPLOYMENT AND CAR AGREEMENT:** I agree and give my full permission for my child to have a driver's license, own a car, or be employed if GOODLAND deems it necessary or important for the child .
19. **CORRESPONDENCE POLICY:** I agree to call or write my child on a regular basis. I also understand and agree that he will be allowed to receive calls or letters only from his immediate family or significant others who have a positive influence on the child's life, as approved by the administrative staff and guardian. I understand that in-coming and out-going calls may be screened by GOODLAND staff.
20. **VISITATION:** I agree to notify GOODLAND at least one (1) day in advance prior to visiting my child. I understand that off-campus visitation privileges may be limited, shortened, or removed if GOODLAND has sufficient concern about my child's behavior.
21. I understand and agree that visitation will involve immediate family members only. I further agree to supply GOODLAND with a list of those family members who are authorized to see or contact my child.
22. I am aware that visitation dates for holidays and summer visits are scheduled by GOODLAND and will be announced to parents or guardians. I further agree to provide transportation for all holiday and weekend visits.
23. **CUSTODY:** I understand that enrollment of my child in the care of GOODLAND gives the President-CEO authority and control of my child until such enrollment is terminated.
24. The names of those who may pick up my child for home visits or in the event of an emergency are as follows. I understand that these people will be required to show proof of identification to GOODLAND staff and I will be required to call giving them authorization before their arrival.

Name / Relation	Address / Phone No.

Name / Relation	Address / Phone No.

Name / Relation	Address / Phone No.

25. Names of those who may NOT communicate with my child are:

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26. Those names listed here were present during the discussion of this enrollment:

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

§  
§

State of : OKLAHOMA  
County of : CHOCTAW

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to certify  
which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for Choctaw  
County

\_\_\_\_\_  
My Commission Expires

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## Consent For Medical Treatment

I am the lawful parent or legal guardian of \_\_\_\_\_

I hereby give my full consent and permission for the GOODLAND to act in my behalf for his best interest. Therefore, the GOODLAND does have and is granted full authority to:

- A. Administer all immunizations and vaccinations required by the Oklahoma Education Code.
- B. Hospitalize my child in the event of an emergency or contagious disease and authorize medical aid and attention by properly licensed medical personnel.
- C. Permit the administration of an anesthetic and any required surgery by duly licensed and qualified medical personnel should any emergency arise.
- D. Administer any and all tests deemed necessary for my child's well-being including but not limited to, medical, dental, and psychological.
- E. Administer a urine drug screen to maintain my child's well-being if concern is present with regard to drug usage. I understand I will be advised of the results of such proceedings and such results will be used as an aid in determining how to best meet my child's needs.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

State of : OKLAHOMA

County of : CHOCTAW

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for Choctaw  
County

\_\_\_\_\_  
My Commission Expires

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## Health Insurance Information

I am the lawful parent or legal guardian of \_\_\_\_\_

I hereby promise to provide payment and coverage for the medical/dental expenses incurred by our child while residing at GOODLAND.

Name of Insurance Company		
Address		
City	State	Zip
Agent / Contact Person	Phone Number	

Policy Holder		Policy Number	
Coverage : Medical                  Dental                  Psychological	Effective Date	Amount of Deductible	
Medical Card : Yes                  No	Medical Card Number:	Renewal Date:	

Special Instructions:  _____  _____  _____
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\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

State of :        OKLAHOMA

County of :    CHOCTAW

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for Choctaw County

\_\_\_\_\_  
My Commission Expires

Applicant :

Parent's Initials:

Page 6 of 8

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## Financial Support Agreement

I, the lawful parent or legal guardian of \_\_\_\_\_, hereby entrust to GOODLAND said child to provide primary care, guidance and supervision until such time my child has completed the program.

GOODLAND agrees to provide food and shelter, Christian nurturing, counseling services, and when indicated, arrange for provision of medical and dental care, clothing, allowances and an opportunity for education.

For this care and professional services offered by GOODLAND, I, the parent or legal guardian of said child, agree to make Goodland the recipient of any social security benefits the child may be receiving for the duration of enrollment. This shall include amounts from the state of Oklahoma for adoptive children called "state subsidy." If the child receives no benefits, I agree to pay \$ \_\_\_\_\_ per month from the date of admission until the date of discharge. I furthermore agree to assume responsibility for all medical, dental and clothing costs incurred on the behalf of said child.

Non-payment of charges for care and professional services as agreed upon herein will result in termination of services and/or possible legal actions .

If, during the service planning process, the team determines that enrollment at GOODLAND is no longer in the best interest of said child, I, the parent or legal guardian of said child, agree to assume full care and responsibility immediately upon discharge from the program.

§  
§

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

State of : OKLAHOMA

County of : CHOCTAW

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for Choctaw  
County

\_\_\_\_\_  
My Commission Expires

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## Consent for Release of Confidential Information

Child's Name:	Date:	Social Security No.:
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I understand that my records are protected under the Federal and State Confidentiality Regulations and can not be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time unless action has already been taken based upon it, and, that in any event, this consent expires automatically as described below.

The information authorized for release may include information which may be considered information about communicable or venereal diseases which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome AIDS).

This consent expires: UPON TRANSMITTAL OF INFORMATION

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Signature of parent, guardian  
or authorized representative

### FOR OFFICE USE ONLY

I authorize: \_\_\_\_\_

to release to: **Goodland Presbyterian Children's Home, Inc.**  
1216 N 4200 Rd. • Hugo, Oklahoma 74743

the following information: \_\_\_\_\_

for the following purpose (s): EVALUATION / POSSIBLE ENROLLMENT