



*pine creek*  
RANCH

## STUDENT ENROLLMENT INFORMATION FORMS

Name of Person(s) completing the form: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address of person completing forms: \_\_\_\_\_

Telephone Numbers (Home) \_\_\_\_\_

(Office) \_\_\_\_\_

(Other) \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Birth Place: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Shirt Size: XS SM M L XL XXL

Shoe Size: \_\_\_\_\_ Pant size - Waist: \_\_\_\_\_ Length: \_\_\_\_\_

Student's Social Security Number: (If Any) \_\_\_\_\_

Is Student Natural/ Adopted/ or Step Child: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

FAX: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are the parents divorced? Yes No

If Yes, Who has legal custody of the child? \_\_\_\_\_



**STUDENT'S STRENGTHS:**

Please describe what you consider your Student's strengths (e.g., personality, humor, intelligence, sociability, perseverance, honesty, etc.)

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**CURRENT PROBLEMS:**

Would you please describe what problems the Student has been experiencing prior to coming to Pine Creek Ranch (e.g., school, social, peers, legal-criminal, work, family conflict, etc.)

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**STUDENT'S PREVIOUS TREATMENT PROFESSIONAL/AGENCIES OR INSTITUTIONS:**

Name of Professional/ agency or Institution:

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Dates:

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Purpose:

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Name of Professional/ Agency or Institution:

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Dates:

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Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of professional/ Agency or Institution: \_\_\_\_\_

Dates: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S HISTORY OF EARLY CHILDHOOD ( 1-12 years of age):**

(Significant or hallmark events, traumas, incidents, accomplishments, developmental milestones, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S ADOLESCENT HISTORY (e.g., 12 years to present time):**

(Significant or hallmark events, traumas, incidents, accomplishments, development milestones)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**STUDENT'S SPECIAL RELATIONSHIPS: (Briefly give summary description)**

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandparents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCHOLOGICAL/ PSYCHIATRIC INFORMATION:**

Please describe any and all psychological/ psychiatric problems' Student has experienced, suffered from, overcome, or is currently dealing with.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Student presently receiving psychotherapy or counseling?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what was the nature of the psychotherapy or counseling and by whom was it given?

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Therapist/ Counselor: \_\_\_\_\_

Address: \_\_\_\_\_

Period of Treatment from what date to what date:

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**Biological Family Psychiatric Treatment History: (if any)**

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**RELIGIOUS AFFILIATIONS/ ACTIVITY:**

Student Church Membership:

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**INSURANCE INFORMATION**

Health Insurance Company: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Policy or Group Number: Health/ \_\_\_\_\_ Dental/ \_\_\_\_\_

Address of Insurer: Health: \_\_\_\_\_

Dental: \_\_\_\_\_

Telephone # (area code) Health (\_\_\_\_) \_\_\_\_\_ Dental (\_\_\_\_) \_\_\_\_\_

Insured's birth date: \_\_\_\_\_

Insured's employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Telephone Number of Employer: (\_\_\_\_) \_\_\_\_\_

Social Security # of Policy Holder: \_\_\_\_\_

**Please Include a Front and Back copy of the Insurance Card.**

I certify that the information contained in this information form is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian

## Educational Information Form

### SCHOOL HISTORY:

<u>School Name:</u>	<u>City/ State:</u>	<u>Grades Completed</u>	<u>Reasons for leaving</u>
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Address of current School \_\_\_\_\_

Principal: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Counselors (Name): \_\_\_\_\_

Briefly describe what you consider your Student's most important academic needs to be addressed here at Pine Creek Ranch?

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Has your Child ever been placed in special education programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, describe the nature of the program.

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Has your child ever repeated any grades? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which grades and what was/ were the primary problems (s) requiring repeat?

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Has your child ever been expelled or withdrawn from school for disciplinary or academic reasons? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please describe reasons.

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What are Student's favorite Subjects in School? \_\_\_\_\_

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What are Student's least favorite subjects (or most disliked subjects)? \_\_\_\_\_

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**Legal/ Criminal Background:**

Has your student had any charges or adjudication for any activities that would be considered criminal or delinquent or has/ have been called to the attention of a court system?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe:

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<b>Has Student ever demonstrated:</b>	<b>Yes</b>	<b>Suspected</b>	<b>No</b>
Cruelty to animals?	_____	_____	_____
Bed Wetting?	_____	_____	_____
Extreme emotional mood swings?	_____	_____	_____
Suicidal ideation or acts?	_____	_____	_____
Use or abuse of alcohol?	_____	_____	_____
Use or abuse of drugs?	_____	_____	_____
Use or abuse of tobacco?	_____	_____	_____

Please describe nature and degree of use, if any, of such substances such as tobacco, alcohol, drugs.

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Has Student ever been the perpetrator or victim in any form of sexual, verbal, or physical abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe. \_\_\_\_\_

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Has Student been involved in any form of litigation (civil or criminal suits)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe nature of litigation and outcome.

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Has Student's parent/ parents/ guardians been involved in any form of criminal or civil litigation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe nature of litigation and outcome.

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### **Parental informed consent and Authorizations**

\_\_\_\_\_, hereinafter "Student," has been enrolled in Pine Creek Ranch on (date) \_\_\_\_\_.

The undersigned understand (s) and consents and authorizes agents and employees of Pine Creek Ranch to conduct all aspects of Pine Creek Ranch's residential treatment program for and in behalf of my Student. The undersigned authorize(s) Pine Creek Ranch and its agents and employees to exercise exclusive control over Student during his enrollment in Pine Creek Ranch. Furthermore, I/we approve and consent to the following policies and procedures, all to be exercised by Ranch staff for the best interest of Student.

1. That Student's personal effects and physical person may be searched at the discretion of Pine Creek Ranch for the purpose of identifying and confiscation any prescribed or unprescribed drugs or medications or other objects or items considered by Pine Creek Ranch personnel as contraband or dangerous.

2. That Pine Creek Ranch agents and employees are authorized to use reasonable physical control and restraint in order to detain and protect Student from harming himself or others: including

- (a) To prevent Student from running away from the Ranch and its activities.
- (b) To detain Student under any circumstances that Student's attempt (s) to leave Ranch or the supervision of the Ranch's agents or employees in the conduct of any of Pine Creek Ranch's activities, including transportation.
- (c) To physically restrain the Student should he become a danger to himself or to anyone else, as deemed necessary by Pine Creek Ranch.

3. That medical services and facilities may be sought for and in behalf of Student and shall be given authorization to Pine Creek Ranch agents or employees to obtain any required medical or psychological or emergency treatment in Student's behalf.

4. In the event that Student should attempt to leave the care and control of Pine Creek Ranch's agents or employees without express or written permission from Student's parent(s) or guardian(s) or the administrators of the Pine Creek Ranch over the course of Student's enrollment at Pine Creek Ranch, Pine Creek Ranch employees and agents are authorized to alert law enforcement or to seek obtain other assistance in Ranch's efforts to search for and find and retrieve Student to Ranch.

5. That any and all medical and mental health professionals who previously treated Student are authorized expressly by me/us to provide whatever clinical or medical or other professional information that would be of assistance to Pine Creek Ranch's efforts to provide educational, vocational, and recreational programs in behalf of Student. Such information provided by said medical and mental health professionals may include medical history, diagnosis, treatment, and outcome or prognosis.

6. That properly qualified professional staff of Pine Creek Ranch are hereby authorized to provide psychological, educational, physiological, and related assessments of Student in order to assist in planning and designing various treatment and educational plans for Student.

7. That agents and employees of Pine Creek Ranch are authorized to collect information regarding Student and to use such information for purposes of research and or marketing purposes. However, Student's name and address will not be used in any marketing or research materials.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

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Parent/ Guardian

\_\_\_\_\_  
Parent/ Guardian

**Waiver of Privacy and Proprietary Interests**

I, \_\_\_\_\_ (Student's Sponsor) hereby authorize Pine Creek Ranch to make and utilized audio and video reproduction of \_\_\_\_\_ (Student's Name) for whom I am the legal parent, guardian or custodian. I understand that these media materials can and may be used in preparing promotional materials for and in behalf of Pine Creek Ranch. I hereby release and waive all rights to any proprietary interest in said materials and release Pine Creek Ranch and other media and marketing professionals from any and all claims, damages, liabilities, costs and expenses related to the use of said media materials.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Parent/ Guardian

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### **Areas of Sponsor Concern Form**

Please rate and describe your child's behavior in any of the following areas of concern: (1) Family (2) School (3) Community (4) Personal/Social.

This rating scale is a simple way to quantify your judgments regarding your Student pre-Pine Creek Ranch status. Please note: the number you circle should reflect your general evaluation of how your Student was adjusting or functioning in the area suggested. For example, a "2" would mean your student was generally doing very poorly, while a "6" would indicate a little better than average, and a "10" would mean the Student could hardly be doing better.

(1)FAMILY: (e.g., discipline, getting along with siblings and parents, use of or abstinence from alcohol or drugs, honesty, communication, thoughtfulness, and consideration of others, conflict, etc.)

<u>Very Negative</u>		<u>Negative</u>		<u>Average</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8	9	10

Please explain:

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(1)School: (e.g., discipline, attendance, academic failure/ success, athletics, peer group, getting along with teachers, etc.)

<u>Very Negative</u>		<u>Negative</u>		<u>Average</u>		<u>Positive</u>		<u>Very Positive</u>	
1	2	3	4	5	6	7	8	9	10

Please explain:

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(2)Community: (e.g., involvement or noninvolvement in illicit, immoral or illegal activities such as promiscuity or use of drugs or alcohol, considerate and respectful to other's rights and property, etc.)

<u>Very Negative</u>		<u>Negative</u>		<u>Average</u>		<u>Positive</u>		<u>Very positive</u>	
1	2	3	4	5	6	7	8	9	10

Please explain:

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(3)Personal/ Social: (e.g., self-image, communication abilities, confidence, moods, attitudes, interests, character traits such as persistence, etc., personal goals, friends, etc.

<u>Very Negative</u>		<u>Negative</u>		<u>Average</u>		<u>Positive</u>		<u>Very positive</u>	
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Please explain:

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**Student’s Medical Background Form**

Student’s Name: \_\_\_\_\_  
 Blood-Type (if known) \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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IMPORTANT: Complete every item on this form: Check “Yes” or “No”

1.	Is Student currently on any medication?	Yes	No	Explain
2.	Has Student previously been prescribed medications?	Yes	No	Explain
3.	Does your Student have any specific allergies to foods, drugs, or other substances?	Yes	No	Explain

Does Student Have or Has Student Experienced During The Past Year:

4.	Ear pain or any problem with hearing?	Yes	No
5.	Eye discomfort or difficulty?	Yes	No
6.	Frequent or Migraine headaches?	Yes	No
7.	Dizziness or Fainting spells	Yes	No
8.	Hay fever or nasal problems?	Yes	No

9. Hives or skin allergies?	Yes	No
10. Skin sores or rashes?	Yes	No
11. Warts or sores on feet?	Yes	No
12. A lump, mole, or swelling?	Yes	No
13. Chest pain or shortness of breath?	Yes	No
14. Coughing?	Yes	No
15. Sweating at night?	Yes	No
16. Spitting or coughing up blood?	Yes	No
17. Stomach aches, burning or indigestion?	Yes	No
18. Urinary burning, frequent urination or dark urine?	Yes	No
19. Difficulty walking, running or lifting things?	Yes	No
20. Pain in back, neck or joints?	Yes	No
21. Difficulty walking, running or lifting things?	Yes	No
22. A rupture or hernia?	Yes	No
23. Unexplained weight loss?	Yes	No
24. Excessive Weight gain?	Yes	No
25. Diarrhea or unusual bowl movements?	Yes	No
26. Pain or bleeding during bowl movement?	Yes	No
27. Any injury or illness not already noted?	Yes	No

**HAS STUDENT EVER HAD:**

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33. Heart trouble or disease?	Yes	No
34. Diabetes or sugar in urine?	Yes	No
35. A goiter or other thyroid disease?	Yes	No
36. High blood pressure?	Yes	No
37. Excessive bleeding?	Yes	No
38. Venereal Disease?	Yes	No
39. Tumor, growth, cyst, or cancer?	Yes	No
40. A knee and/or ankle injury?	Yes	No
41. Broken bones and/or deformities?	Yes	No
42. Arthritis or swollen, painful joints?	Yes	No
43. A back injury and/or deformity?	Yes	No
44. Asthma or wheezing?	Yes	No
45. An Ulcer?	Yes	No
46. Seizures, convulsions or epilepsy?	Yes	No
47. Birthmarks and/or tattoos?	Yes	No
48. Rheumatic Fever?	Yes	No
49. Mumps?	Yes	No
50. Anemia?	Yes	No
51. Renal Disease?	Yes	No
52. Obesity?	Yes	No
53. Hypoglycemia?	Yes	No
54. Chronic Tranquilizer Use?	Yes	No
55. Polio?	Yes	No
56. Chicken Pox?	Yes	No

57. Typhoid?	Yes	No
58. Long Measles or 3-day measles?	Yes	No
59. Scarlet Fever	Yes	No
60. Pneumonia?	Yes	No
61. Ear infection?	Yes	No
62. Kidney Disorders?	Yes	No
63. Rheumatism?	Yes	No
64. Frequent Colds?	Yes	No
65. Appendicitis?	Yes	No
66. Nervous Breakdown?	Yes	No
67. Does your child currently wear glasses or contacts?	Yes	No

**Any special Medical Needs?**

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**IMMUNIZATIONS:**

Please note dates of last immunization for the following:

DATE:

Diphtheria-Pertussis (Whooping Cough)

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Tetanus (DPT)

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Diphtheria-Tetanus (DT)

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Tetanus Toxoid

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Measles, Mumps, Rubella (MMR)

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**IS THERE ANY ADDITIONAL MEDICAL INFORMATION WE SHOULD BE AWARE OF?**

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**I/ we declare that the information provided above is true and complete to the best of my/our present memory and understanding.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ , 200\_\_.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Parent/ Guardian