Dear Friend,

Thank you for your interest in the ministry of Freedom Village. We are looking forward to meeting you at intake time.

Enclosed you will find several forms that must be competed in full, signed, notarized and mailed in as soon as possible in order to proceed with the admission process. We have included a checklist for your convenience. In addition, please bring any other important medical or legal papers that you feel may be helpful.

When you come for the intake interview, please bring your belongings. Please understand that this does not mean you are already accepted. However, if you are accepted, you will enter the program immediately.

Yours for the children,

Pastor Fletcher A. Brothers
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APPLICATION FOR ADMISSION

THIS IS A PERMANENT RECORD. Please complete all sections of the application. All entries must be answered. If information is unknown, every effort should be made to obtain it. This will be very valuable in working with the young person. If question asked is not applicable, please use the N/A (not applicable) letters. Write on the back or use other paper to give complete information.

*Please print using ink.*

**Part I – General Information**

Name of person making application: ___________________________________________
Address: ____________________________________________ City: ________________
State/Prov: ____________________ Zip: ______________ Phone: (___) ____-________
Place of Employment: ______________________________________________________
Address: ____________________________________________ Phone: (___) ____-________

Male/Female: ________ Birthdate: ___/___/_____ Birthplace: ______________________
Height: _______ Weight: _______ Color of eyes: ________ Color of hair: _____________
SSN/SIN: ___________________________________
Highest Level of Education Completed: ________________________________________
School: ________________________________________________________________

List all siblings including stepbrothers, and stepsisters:

1. Name _____________________ Birthdate___/___/____ Occupation:_______________
   Address: ____________________________ Phone#: (___) _____-________

2. Name _________________ Birthdate___/___/____ Occupation:_______________
   Address: ____________________________ Phone #: (___) _____-________

3. Name _________________ Birthdate___/___/____ Occupation:_______________
   Address: ____________________________ Phone#: (___) _____-________

*Use back of page for more information*
Do you receive social security benefits? __________ State/Prov: __________
Amount: __________ How often: __________ To whom paid: __________
List any other benefits for which this you are eligible: ______________
List any insurance policies that cover you: ____________________________
Ins. Company __________________________ Policy#: _____________________
Have you been in contact with any state agencies in your area? (I.e. welfare, social services, child care, etc.) ____________________________________________
Have you made application to any other institution? ______________________
If so, where? _________________________________________________________
List distinguishing characteristics (physical or mental): ______________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Part II – Health
A. Physical Health
Do you have any physical disabilities? If yes, please explain:
_____________________________________________________________________
Do you have any allergies? If yes, please explain: ___________________________
_____________________________________________________________________
Are you taking any medication at the present time? If, yes, specify the medication, duration, and the condition being treated: ________________________________
_____________________________________________________________________
*Important* - If you are taking any mood altering drugs, you must be weaned off of them and be free of taking those medications for two weeks prior to your intake appointment. Speak to the Intake Coordinator for more information.

Have you received any medical attention over the past year? If yes, please specify:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

4
B. Mental Health

Do you have any mental problems? If yes, specify: __________________________________________

Professional observations: ________________________________________________________________

Doctor’s Name: __________________________ Address: __________________________
City: __________ State/Prov: _______ Zip: _______ Phone: (___) _____ - ________
Diagnosis (if known): __________________________
Institution (if any were involved): ______________________________________________________
Address: ____________________________________________________________
City: __________ State/Prov: _______ Zip: _______ Phone: (___) _____ - ________

C. Sexual Activity

Have you ever been sexually active with the opposite sex? If yes, please explain: 
_________________________________________________________________________

Have you ever been involved in any homosexual activities? If yes, please explain:
_________________________________________________________________________

Have you ever been sexually and/or physically abused? If yes, please explain: _______
_________________________________________________________________________

Married? Any children? Specify: ________________________________________________
Are you in trouble with the law? If yes, explain (Please include all charges, court dates,
convictions, delinquency, etc.): ________________________________________________
_________________________________________________________________________

Have you had a problem with arson? If yes, explain: ______________________________
_________________________________________________________________________

Have you had any problem with extreme violence, vandalism, terroristic threats or behavior? If
yes, please explain: ________________________________________________________
_________________________________________________________________________
Part III – Character Changes/Behaviors

Please place an “X” in the blank beside the characteristics the young person displays:

___ Unusual flare-ups or outbreaks of temper
___ Poor physical appearance
___ Secretive behavior regarding drugs and possession
___ Wearing of sunglasses or tinted glasses at inappropriate times
___ Constantly wears long-sleeved shirts
___ Association with known drug abusers or trouble-makers
___ Borrows money from friends and family
___ Steals small items from school and stores
___ Dilated or constricted pupils or blood-shot eyes
___ Spends an excessive amount of time alone
___ Presence of strange smells or pills on the clothes, in the bedroom, purse, etc.
___ Listens to excessively loud rock/rap music
___ Tends to stay awake long into the night and sleeps late into the day
___ Watches an excessive amount of television (6-8 hours a day)
___ Has a learning disability
Part IV – Family

Father
Father’s Name: __________________________ Address: __________________________
City: ______________ State/Prov: __________ Zip: _____ Phone: (___) ___-________
Occupation: ______________ Monthly Income: __________ SSN/SIN ______-____-____
Birthdate: ______________ Birthplace: __________________________________________
Highest grade completed: ______ Other Training: ______________________________
If deceased, date of death: ____________________________________________________
Cause of death: _____________________________________________________________
Can the young person have contact? ___________________ Church Member? _______
Where? ______________________ Mental or physical handicaps: __________________
Divorced? __________________________ Remarried? ___________________________

Mother
Mother’s Name: __________________________ Address: __________________________
City: ______________ State/Prov: __________ Zip: _____ Phone: (___) ___-________
Occupation: ______________ Monthly Income: __________ SSN/SIN ______-____-____
Birthdate: ______________ Birthplace: _________________________________________
Highest grade completed: ______ Other Training: ______________________________
If deceased, date of death: ____________________________________________________
Cause of death: _____________________________________________________________
Can the young person have contact? ___________________ Church Member? _______
Where? ______________________ Mental or physical handicaps: __________________
Divorced? __________________________ Remarried? ___________________________

Name of another party who is helping with the application process (if applicable):
____________________________________ Relation: _____________________________
Address: ___________________________________________________________________
City: __________________________ State: __________ Zip: _______________________
Home Phone: __________________________ Cell: _______________________________
Is there anyone you know of that would object to your placement in this program?
List names and addresses of some and why they would object:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________


Is there a Pastor who knows you? ______ Name: ________________________________
Address: __________________________________________ City: ________________
State/Prov: __________________ Zip: _______ Phone : (___) ______ - ________
Name and address of last school the you attended: __________________________________________

Name, address and occupation of another person who knows you well:
Name: __________________________ Address: ___________________________
City: ______________ State/Prov: ______ Zip: _______ Phone : (___) ______ - ______
Occupation: ________________________________________________________________

Part V – Reason for Making Application
Please explain why you need to be placed in this home. Please be as detailed and specific as possible:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please give additional information you feel would help us to know you and your family situation better:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
While you are here at Freedom Village, you will only be allowed to correspond with family members.

Please list the names, addresses and phone numbers of people with whom you are willing to have contact.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________

Please list the names, addresses, and phone numbers of anyone with whom you specifically **DO NOT** want to have contact with:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

To the best of my knowledge, all statements in this application are completely true.

________________________________________________Signature________________________Date________________________
Addendum to Application

Freedom Village, USA requires background investigations to be conducted on all young people 18 and older who are entering into the program. This is a requirement of the NYS office of Children & Family Services.

The information as listed below is necessary to obtain this information.

Full Name: __________________________________________ Last First Middle

Address: ______________________________________________

City: _______________ State: ___________ Zip: ______________

Date of Birth: _______________ S.S. # __________ - ________ - ________

Drivers License #: _______________________________ State: __________

1. Have you ever been convicted of a crime? Yes / No

2. If you answered yes to question #1 please write an explanation below:

   Date of offense: ______________________________________

   State you were convicted in: _________________________

   Type of offense: ________________________________________

   Explanation: __________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

I understand the information I am providing about date of birth will be used to determine eligibility for enrollment and for the purpose of identification in obtaining records pertaining to, but not limited to, any history of criminal activity, child abuse, domestic charges, previous employment, educational background, motor vehicle record, social services fraud and/or family court proceedings.

Signed: _______________________________ Date: ________________

Witness: _______________________________ Date: ________________
I, ____________________________________ am making application for enrollment in the Men’s Ranch Program at Freedom Village USA. I understand that as a part of the application process a complete background check may be conducted and the references that I provide may be contacted.

I understand that my criminal record will be a consideration in the application process. Therefore, I swear that the following information is accurate.

_______ I have never been convicted of a felony and am not under court supervision.

_______ I have been convicted of the following criminal offenses:

_________________________________________ Date ____________
_________________________________________ Date ____________
_________________________________________ Date ____________
_________________________________________ Date ____________

_______ I am currently on probation/under court supervision until: ________________

I grant Freedom Village permission to conduct any background check deemed necessary in order to obtain admission to the Men’s Ranch Program. I understand that any information gained will be factored into the application process. I swear that all information that I have provided during the application process is accurate.

Name (Print):________________________________________________

Signature:___________________________________________________

Date:_____________________

Notary Signature:_____________________________________________
Previous Placement

Have you ever been in any other program, psych ward, rehab/detox, etc.? ____________
If yes, please supply the following information:
1. Name of the facility: ____________________________________________________________
   Date of residence: start date____________________ end date____________________
   Address:______________________________________________________________________
   City __________________________ State/Prov ______ Zip/Postal Code____________
   Phone ______________________ fax_______________________________________
   Director ______________________ Counselor ________________________________
   Reason for entrance: _________________________________________________________
   __________________________________________________________________________

2. Name of the facility: _________________________________________________________
   Date of residence: start date____________________ end date____________________
   Address:______________________________________________________________________
   City __________________________ State/Prov ______ Zip/Postal Code____________
   Phone ______________________ fax_______________________________________
   Director ______________________ Counselor ________________________________
   Reason for entrance: _________________________________________________________
   __________________________________________________________________________

If additional space is needed, please print and attach another form.

( ) I affirm the above information to be accurate.

_______________________________________  _______________________
        Signature                                           Date
Probation-Parole Information Sheet

1. Are you currently on probation/parole? _______
   If yes, please supply the following information:
   Date of charges: _______________________
   Name of arresting law enforcement agency: ______________________________
   ______________________________
   Probation/parole officer’s name: ________________________________________
   Address: ___________________________________________________________
   Phone: (___) _________ - __________ Fax: (___) ________ - __________
   Email: ___________________@__________________________._____________

2. If you have previous arrests for which you were placed on probation/parole, list the following:
   Arrest dates: ________________________________________________________
   Arresting law enforcement agency: _______________________________________
   ___________________________________________________________________
   Probation/parole officer’s name: ________________________________________
   Address: _________________________________________________ _________
   Phone: (___) _________ - __________

*If you have a criminal history record, please obtain a copy from your probation/parole officer
and submit with this sheet.

(    ) I affirm the above information to be accurate to the best of my knowledge.
(    ) My son/daughter is not presently on probation/parole.

______________________________ ________________________________
Signature Date
Medical History

Name: ____________________ Birthdate: ________________ Sex: ________
Father’s Occupation: ____________________ Mother’s Occupation: ________________
Father’s health: ____________________ If deceased, cause: ____________________
Mother’s health: ____________________ If deceased, cause: ____________________

Past diseases – if you have any of the following, state the date occurred:

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Heart Disease</th>
<th>Rheumatic Fever</th>
<th>Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td>Measles</td>
<td>Scarlet Fever</td>
<td>Ear conditions</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Mumps</td>
<td>Tuberculosis</td>
<td>Frequent cold</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Nephritis</td>
<td>Contact with TB or sore throat</td>
<td></td>
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<tr>
<td>German Measles</td>
<td>Pneumonia</td>
<td>Whooping Cough</td>
<td>Operations</td>
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<tr>
<td>Syphilis</td>
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</tbody>
</table>

Any serious illness other than above – details if pertinent (send records if available): ____________________

Do you have a disability due to disease or accident? ____________________

Have you had a skin test for tuberculosis? ____________________

NEW YORK STATE LAW REQUIRES: 5 DPT, 2 MMR (Measles, Mumps, Rubella) 4 Polio, 3 Hepatitis B, and 1 Varcella required, also up to date Tdap or TD.

*ALL CANADIANS need to check with their Dr. and the Health Dept.

PRIMARY IMMUNIZATIONS

<table>
<thead>
<tr>
<th>DPT/TD/TDAP</th>
<th>POLIO</th>
<th>MEASLES/ MUMPS/ RUBELLA</th>
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<tr>
<th>HEP A</th>
<th>HEP B</th>
<th>HIB</th>
<th>Meningococcal</th>
<th>Varcella</th>
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</thead>
<tbody>
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</tbody>
</table>

Signature: ____________________ Date: __________
Signature of Physician: ____________________ Date: __________
Phone: (___) ________________
Consent Form

***This consent form must be signed in the presence of a notary public.

This is an agreement between _________________________ and Freedom Village. USA in the State of New York, county of Yates.

I, the above-named person agree to the following:

1) I agree that I will hold harmless and not bring suit against Freedom Village, USA or its agents or employees for any injury, harm or other dangers whether caused by its agents or employees, or by third parties, nor will any action be brought for the acts of the child named above.

   Initial here ______

2) This consent authorizes the use of pictures or other visuals in which I may appear or any other media in which I may appear in promotions or productions which are connected with Freedom Village, USA or its other ministries.

   Initial here ______

3) This consent authorizes the release of school information pertaining to myself to Freedom Village, USA for its private use and evaluation.

   Initial here ______

4) I consent that the authorities of Freedom Village, USA may provide for examination and/or diagnostic procedures and may provide emergency surgery, counseling services, and/or medical or dental treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examination, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for my mental or physical health.

   Initial here ______

5) I assume responsibility for the total cost of any emergency, medical or dental needs listed in number 4.

   Initial here ______

6) I grant my permission to travel to various Freedom Village, USA functions during my stay. I understand these activities may take me to other states, as well as Canada.

   Initial here ______

7) In addition, I agree not to hold Freedom Village, USA liable for any accidents or injuries that occur while on the road or at any of these functions.

   Initial here ______

I have read and agree to abide by all of the above. I have also read, understand and give my consent to be governed by all policies, rules, and regulations of Freedom Village, USA.

Signature of Young Person _________________________    SEAL

Signed before me on this date: _________________________

My commission expires: _________________________

___________________________________________________
Signature of Notary
Consent to Transfer Records

I hereby authorize the release of all ( ) School records
( ) Medical records
( ) Psychological records
( ) Legal (probation, parole, etc.) records

for ______________________ to Freedom Village, USA, for their use.

Name of individual

Such records shall include, if available, psychological evaluations and behavioral reports as well as standard test results. This information may be used by Freedom Village, USA in meeting the educational, medical and psychological needs of the above named individual.

This release shall apply to any school, school district, medical facility, psychological/psychiatric care facility or any other educational or health care professional or facility previously attended by the above named individual, as well as any pertinent legal documents (i.e. probation records, parole records, court records, etc.)

________________________   ______________________
Date                        Signature

Former School Information:

Name: ______________________________________________________________
Street: ______________________________________________________________
City-State/Prov: ______________________________________________________
ZIP Code: ___________________________________________________________
Necessary Items List

THE FOLLOWING IS A LIST OF ADDITIONAL ITEMS YOUR CHILD WILL NEED WHILE AT FREEDOM VILLAGE. PLEASE INCLUDE THESE ITEMS WHEN PACKING:

NECESSARY CLOTHING ITEMS:

- Shower shoes/flip-flops
- Sneakers
- Bathrobe
- Winter jacket, gloves, and hat

NECESSARY PERSONAL ITEMS:

- King James Version Bible
- Comforter and/or blanket
- Twin size sheet sets
- Pillow
- Towels
- Laundry basket/supplies
- Personal hygiene supplies
- Shower basket
- Hangers – (no wire hangers)
- Small trash basket
- Small lamp
- Alarm clock (non-radio)
- Stamps, envelopes & paper

OPTIONAL ITEMS:

- Phone cards (in place of collect calls)
- Boots
- Basketball, baseball, glove, etc…
- Storage bin
- Work clothes (older clothes for chores)
- Iron

ITEMS THAT ARE NOT PERMITTED:

- Music and music players (CD’s, MP3, radio etc.)
- Magazines
- Magic markers
- Mouthwash with alcohol
- Aerosol products (hairspray etc.)
- Musical Instruments
- Pictures of friends

Please keep in mind, space is limited in the dorm rooms. Family pictures are permitted provided they are within our standards. Photographs of friends (male or female) are not permitted.
CLOTHING GUIDELINES FOR YOUNG MEN

- Young men are required to wear dress pants, dress shirts, tie and dress shoes to all Sunday services. A tie is optional for Wednesday evening service.
- Young men are not allowed to wear necklaces, earrings, or bracelets (with the exception of Medic Alert type bracelets). Rings may be worn on the ring finger or little finger. Any jewelry that is deemed ungodly or feminine is not allowed.
- Rock and roll style shirts, net or mesh shirts, sleeveless shirts, t-shirts with ungodly slogans or emblems, or shirts advertising ungodly products or places are not allowed.
- Plain white t-shirts or muscle shirts are allowed only inside the dormitory. Tight t-shirts are never allowed.
- Shirts must be tucked in when outside the dormitory.
- Cut off shirts are not allowed.
- Boys may wear shorts during hot weather, provided they are no more than 3 inches above the knee and fit properly.
- Boys may wear sweat suits only when they are going to, coming from or participating in on- property sports activities.
- Pants with pockets on the leg (cargo/ carpenter style) may not be worn anywhere on property. Rap styled, oversized, low hanging and/ or baggy leg pants are not permitted. Pant sizes may not be more than 2 inches larger than the waist. Jeans must be of a plain style. Jeans with loops or with large logos running across the pockets or down the leg are not acceptable.
- The following brands are not permitted, and any other brand we may question at intake time: Fubu, Mossimo, Wu Wear, JNCO, Stussy, Billabong, Dr. Martens…
- All military style, camouflage or punk/ grunge style garments prohibited.
- A belt must be worn with all pants that have belt loops on them.
- Only boxer type bathing suits are allowed.
- Dress checks must be made before leaving the dormitories or before reporting for any activities or church services. Failure to report to dress check will result in one day of No-Level.
- THE ADMINISTRATION RESERVES THE RIGHT TO DEEM ANY CLOTHING UNACCEPTABLE EVEN THOUGH IT MAY NOT BE SPECIFICALLY MENTIONED ABOVE.
- Any unapproved items will be confiscated. Those items will then become the property of Freedom Village and disposed of at our discretion.
- SCHOOL UNIFORMS ARE REQUIRED IN THE LEARNING CENTERS. PLEASE MAKE SURE THAT ALL NEEDED ARTICLES ARE BROUGHT WITH YOU ON THE DAY OF YOUR YOUNG PERSONS APPOINTMENT. THE UNIFORM CONSISTS OF:
  - Plain white collared shirts (short and long sleeve are needed)
  - Navy blue dress pants
  - Navy blue or black dress socks
  - Black dress shoes
  - Conservative ties
- It is the student’s responsibility to keep their uniform clean and in good repair.
- Proper fitting, modest apparel is our goal. On one end of the spectrum, is too tight. On the other end of the spectrum, the “baggy look” will not be allowed. You must wear proper fitting, modest apparel.
• All items purchased, whether apparel or other items, must be presented for inspection to the respective deans of the dorms. Immediately upon a student’s return to campus, any unapproved items will be confiscated and disposed of at the discretion of the administration.
• Each young man must have a regulation haircut. Hair must be above the ear. Hair may not be parted in the middle. Young men must be clean-shaven.
• Sideburns must be neat and trimmed and to be no longer than half way down the ear.

Attention:
• When determining the amount of clothes to bring, remember that students do laundry only once a week.
• All items brought on intake day, whether apparel or other items, will be presented for inspection to the respective dean of the dorms. Any unapproved items are sent home, or disposed of at the administration’s discretion. Please understand our policies are strictly enforced during the entire time your young person is in the program.
• If clothing is unapproved on intake day, please be prepared to purchase approved clothing before leaving your young person.

CLOTHING GUIDELINES FOR YOUNG LADIES

• Sunday Church services- ladies are required to wear dresses or skirts. Dresses and skirts must come to the knee, and be no more than 3 inches from the knee when seated. Slips and stockings are required with all dresses and skirts.
• Wednesday Church services- young ladies may wear dress pants or khaki’s as an alternative to dresses or skirts.
• All pants (dress slacks, khakis, or jeans) must be of plain style only. No fading, tears, designs down legs or back pockets. No cargo or carpenter style pants. Pants must be of proper length, not frayed or torn on the hem. No low-rise pants.
• All tops must be long enough so that when your arms are raised, no stomach is shown. Necklines on all garments must be no lower than 3 fingers from the collarbone. Sleeveless tops and dress are permitted but must completely cover undergarments, and no less than 3 fingers wide on the shoulders. Spaghetti straps are not allowed.
• Tops with ungodly slogans, emblems, advertising ungodly products or places will not be permitted.
• The following brands are not permitted, all others are subject to question in the intake process: Abercrombie & Fitch, Billabong, Dr. Martins, Fubu, G Unit, Johnny Blaze, Mecca, Mossimo, Phat Farm (Baby Phat), Rocawear, Sean John, Stussy, and WuWear.
• All military, or camouflage style clothing is prohibited.
• Longer underwear is permitted during the winter months as long as it does not show.
• Girls may wear sweat suits/jogging pants when participating in on-property sports activities. Otherwise they may only be worn in the dorm.
• Modest one-piece bathing suits only are permitted
- No platform style shoes. Shoes may be no higher than 3 inches in the heel, and one inch in the sole. No masculine style shoes or combat boots are permitted.

**THE GENERAL RULE IS MODEST, APPROPRIATE, PROPER FITTING APPAREL AT ALL TIMES. NOTHING FORM FITTING OR THAT CLINGS IN ANY WAY WILL BE PERMITTED. THE ADMINISTRATION RESERVES THE RIGHT TO DEEM ANY CLOTHING UNACCEPTABLE.**

**Jewelry Rules:**
- Earrings in first hole only. No other piercing allowed.
- Earrings may be no more than one inch in length
- One necklace may be worn at a time. No chokers permitted.
- Two bracelets on each wrist (including a watch).
- No more than two rings on each hand. No thumb or toe rings.

**Makeup Rules:**
- Girls under 16 yrs old can wear foundation, blush, clear mascara, and clear lip-gloss only.
- Girls 16 yrs old and older **cannot** wear eyeliner, eye shadow applied as eyeliner, or glitter.
- All makeup must be applied modestly.
- No dark blue or black nail polish allowed.

**School Uniform:**
- White, collared, button down blouses (long and short sleeved). minimum requirement-4
- Navy blue skirts to the knee or longer. minimum requirement-2
- White or navy blue socks, or skin tone hose may be worn.
- Black dress shoes.
- Plain navy blue or white sweater or sweatshirts are permitted.
- Clear nail polish only permitted in school.

Uniform must abide by our standards in modest fit. The uniform must be brought with you on the day of your young person’s intake.

**Attention:**
- When determining the amount of clothes to bring, remember that students do laundry only once a week.
- All items brought on intake day, whether apparel or other items, will be presented for inspection to the respective dean of the dorms. Any unapproved items are sent home, or disposed of at the administration’s discretion. Please understand our policies are strictly enforced during the entire time your young person is in the program.
- If clothing is unapproved on intake day, please be prepared to purchase approved clothing before leaving your young person.
Checklist

Please be sure to bring all of the following items completed prior to your intake interview. If, for any reason, the items noted in **bold** are not completed and available at the beginning of the intake appointment, we will reschedule to a later date. To avoid any chance of this happening, we have included a checklist for your convenience.

- **Completed** application
- **Original** guardianship/custody papers (where applicable)
- **Certified** copy of birth certificate
- **Signed** consent forms  
  Please have **Consent of Parent/Guardian** form signed and notarized before coming to your interview.
- Medical history/immunization form **signed by the physician**.
- 2 Copies of medical insurance cards (front & back).
- Copies of the last two years tax reporting paperwork for parents and or guardians.
- Any other medical or legal papers you feel would be of importance (e.g. probation, parole, criminal records, etc…)
- Proper clothing as per list.
- Remainder of the intake fee and expense account money (confirm with Intake Coordinator).

**REMEMBER:** Your interview does not guarantee admission into our program. Come prepared to return home (bus arrangements, etc…) if not accepted.

*PLEASE- do not* bring your friend(s), boyfriends/girlfriends, past or present to accompany you on intake day. It has proven to be extremely detrimental to acceptance. Please call the intake department if you have any questions.