NONVIOLENT PHYSICAL CRISIS INTERVENTION

Before you demonstrate the techniques in this unit of the program, explain that handling an individual in a nonharmful way during an acting out episode will help staff to establish rapport with the individual during and after a crisis.

FLOW CHART FOR TEACHING NONVIOLENT PHYSICAL CRISIS INTERVENTION

Listed below is the order in which you should teach the Nonviolent Physical Crisis Intervention techniques. It is important to follow this sequence because each step is designed to build on the previous one. As in Unit VII on personal safety, demonstrate how to perform each technique before having the group participate. Follow the format previously described, switching partners frequently.

Refer to the diagrams which follow this section for additional information.

1. **Block**
   (Refer to Unit VII on personal safety for an explanation of this technique.)

2. **Pull Through**
   The hand positions used in this technique (one on or just above the wrist of the acting out individual and one on his shoulder) provide a natural lead-in to both the CPI Children's Control Position and the CPI Team Control Position. The pull through is also a personal safety technique which makes use of the momentum of a strike to safely guide a person away from a potential target or to create a safer escape route.

3. **The CPI Children's Control Position**
   Stress to your participants that this technique should be used only with an individual who is smaller and not as strong as the staff member. Although this restraint requires only one staff person, it is a good idea to have an additional staff member standing by—both as a witness and as an additional helper if immediate assistance should be needed. (See illustration on page 54.)

4. **Half-Team Control (this is a practice step)**
   Remind participants that this is **not a control/restraint technique.** One person acts as staff and performs the CPI Team Control on one side of an Acting Out Person. This is a teaching step only. This practice step should never be used in an actual crisis situation.

5. **The CPI Team Control (basic position)**
   At this point, participants should be divided into groups of four—one Acting Out Person, two staff members, and one person who acts as a coach/observer. Further information on how to set up this practice session follows this section on next page. (See illustration on page 55.)

6. **The CPI Team Control (control dynamics)**
   a. Reduce upper body strength.
   b. Reduce lower body strength.
   c. Reduce mobility.

   Control dynamics should be taught one at a time.

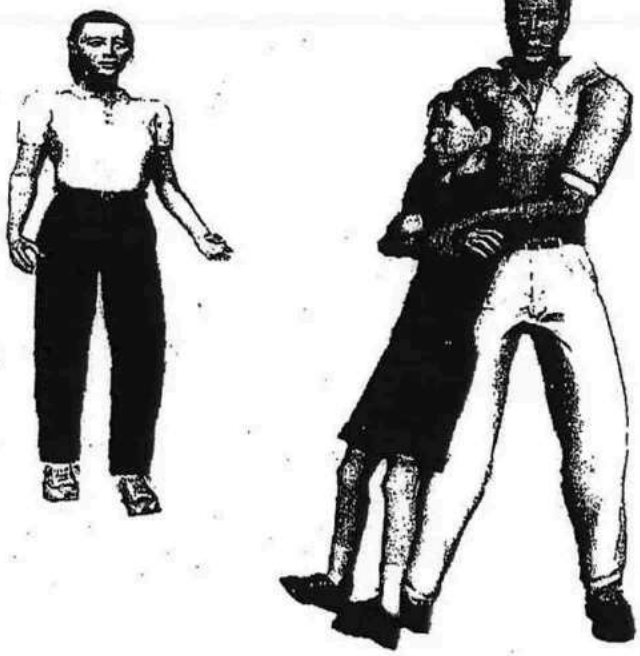


Figure A

Figure B

cpi CHILDREN'S CONTROL POSITION

This position is designed to be used with children. You should consider using this position only with individuals considerably smaller than yourself.

Gain control of the child's arms from behind and cross the arms in front of the child. The arms should be positioned high on the child's upper chest and secured by locking one arm under the other. This will prevent the child from slipping through and will minimize any pressure on the child's chest or abdomen. (Fig. A) Position yourself behind the child while maintaining close body contact and standing to one side. This position allows you to maintain a balanced stance while managing the child. (Fig. B)

The auxiliary team member(s) will monitor for safety and assist, if needed.

CEDU *Family of Services*

OUTCOME STUDY

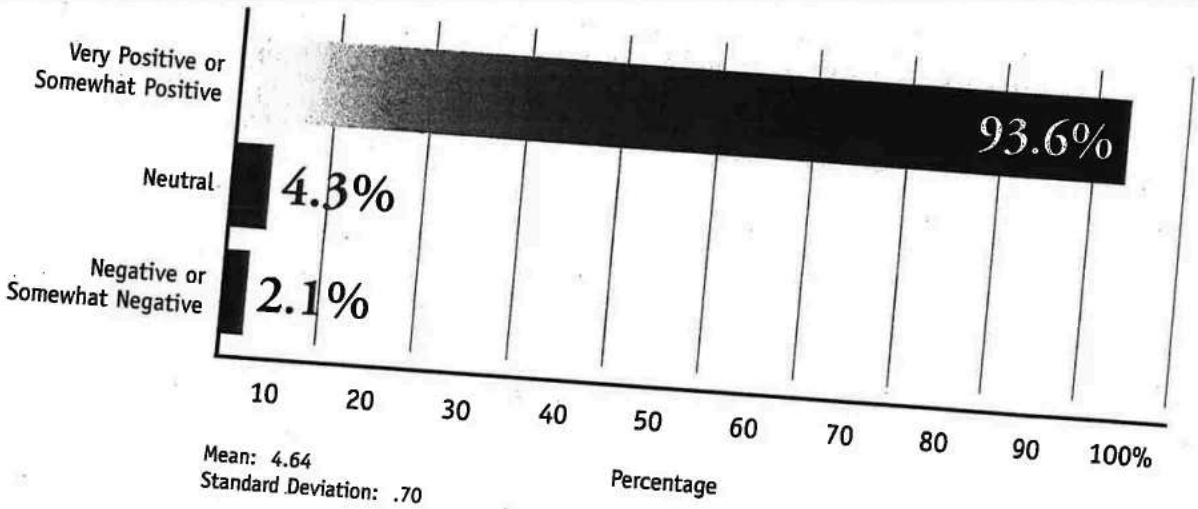
FAMILY / PEER RELATIONSHIPS

This section includes parent and student responses to questions regarding quality of life, family communication, peer relationships and recommendations to other families.

FAMILY ◠PEER RELAT◠NSHIPS

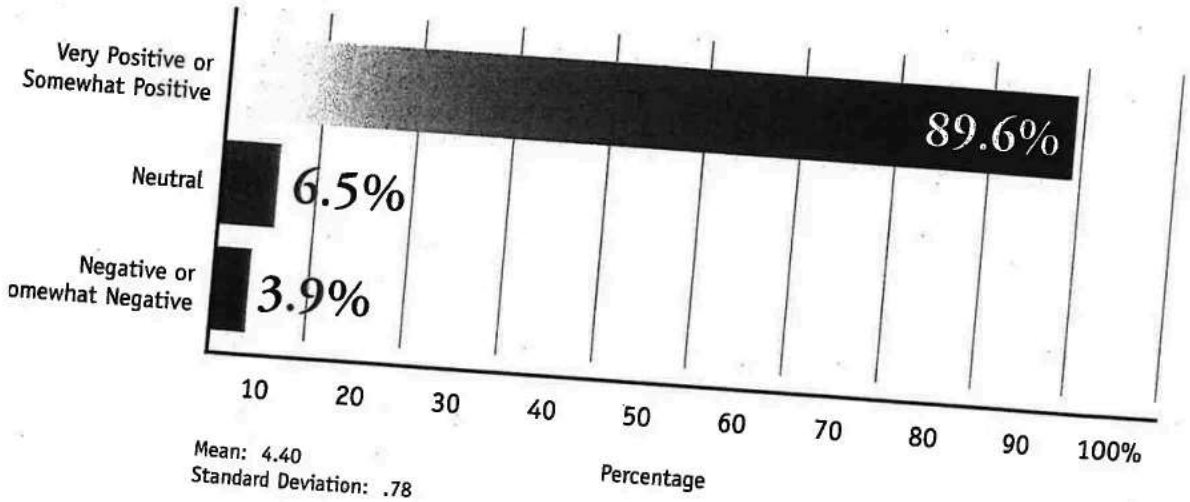
Parent Responses

How would you rate the effect your CEDU experience had upon your family?



Student Responses

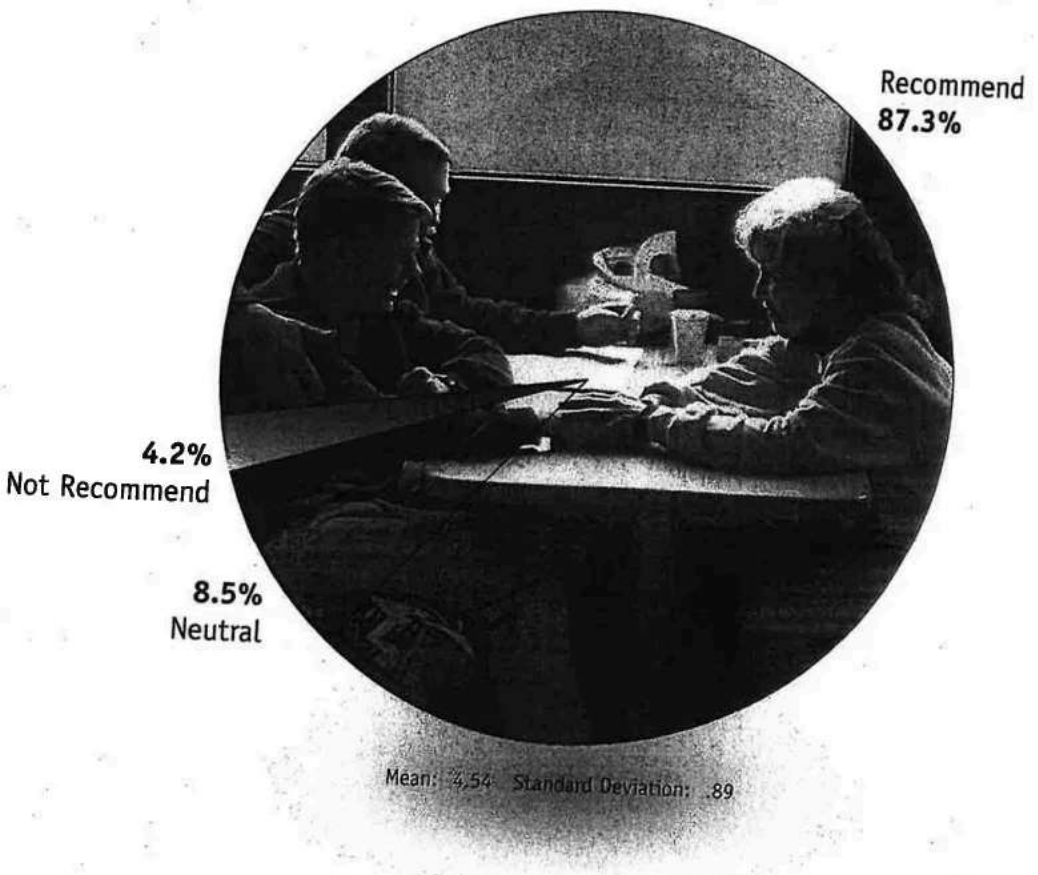
How would you rate the effect your CEDU experience had upon your life?



FAMILY PEER RELATIONSHIPS

Parent Responses

Would you recommend CEDU to another family?

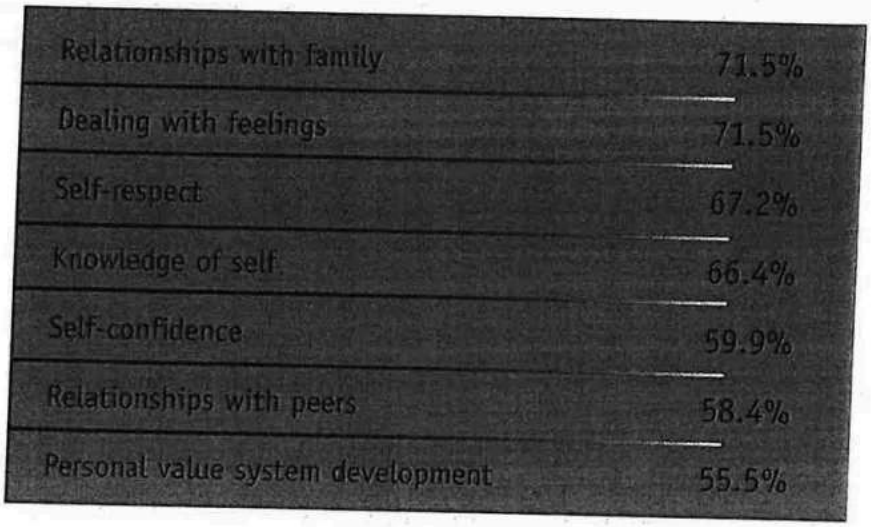


Behavioral Issues

This section includes parent and student responses to questions regarding illegal substance use and emotional/behavioral experiences.

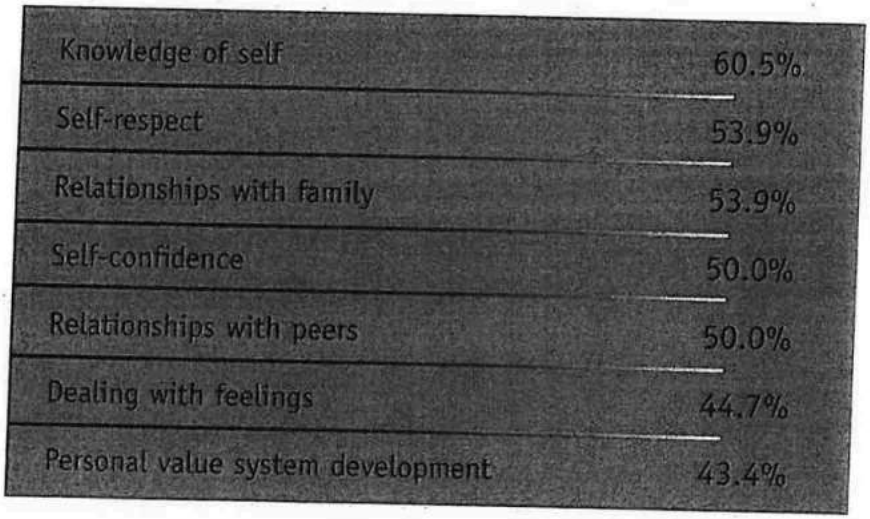
Parent Responses

What were the most valuable tools or experiences your child obtained from his/her CEDU experience?



Student Responses

What were the most valuable tools or experiences you obtained from your CEDU experience?



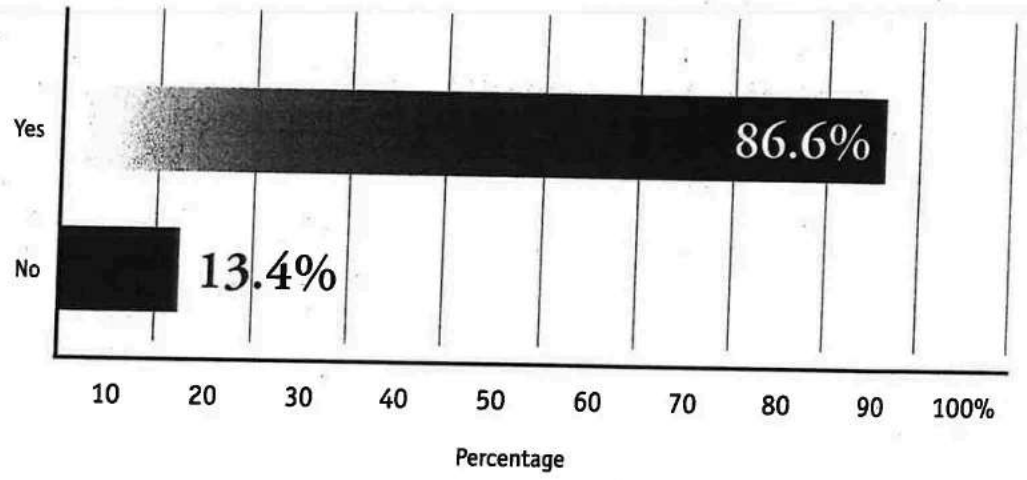
EDUCATION

This section includes parent responses to questions regarding high school completion, college attendance and parent education workshops.

EDUCATION

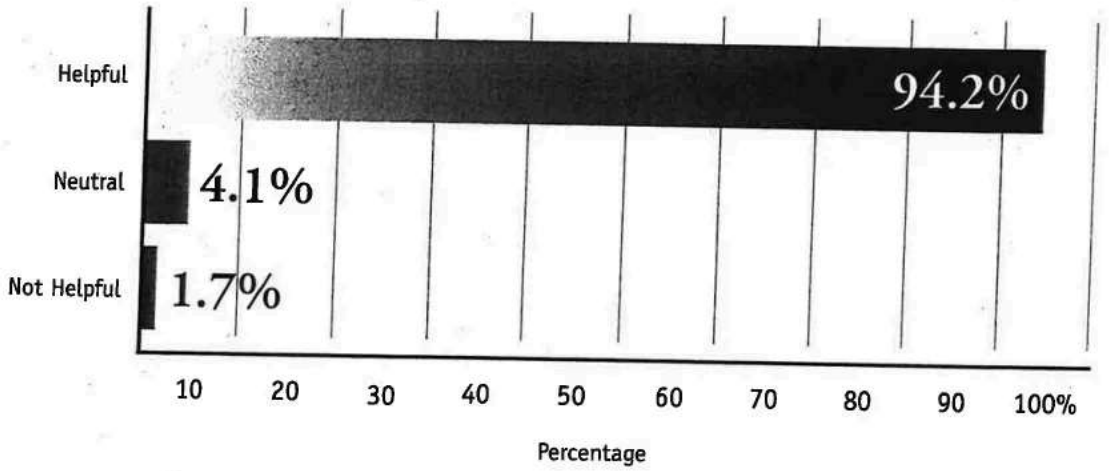
Parent Responses

Did you participate in Parent Education Workshops?



Parent Responses

Were the Parent Education Workshops helpful to you?



CEDU FAMILY OF SERVICES
COMMUNITY CARE LICENSE
SECTION B

B-7 Description of facility Program, Purpose, Goals, Basic Services, Planned Social, Educational and Recreational Activities, Arrangements for Program Consultation and other Consultants as appropriate, Transportation Arrangements, and Hours of Operation

Attached: Program Brochure
Statement of Philosophy
Faculty Responsibilities
General Information for Facility
Academic Curriculum
List of Providers
Transportation Policies
Statement of Purposes and Objectives

CEDU FAMILY OF SERVICES
COMMUNITY CARE LICENSING
CEDU SCHOOL PROGRAM STATEMENT

PURPOSES AND OBJECTIVES
The purposes and objectives for CEDU School are:

1. To provide a full-service, long term residential program providing comprehensive treatment, educational, and recreational services for at-risk youth, ages 11 to 17.
2. To provide for the safety and well-being of residents by a staff trained to provide group and individual counseling services, emotional growth seminars and workshops, basic supervision and a variety of general and personal services.
3. To provide a physically and emotionally safe therapeutic milieu within which children can examine themselves, their relationships with family and friends, and develop the life-skills, self-identity and self-reliance to promote a balanced approach to life.
4. To facilitate these children living in reasonable conformity with accepted standards of social behavior by progressively increasing their internal locus of control.
5. To provide a quality academic program that meets the requirements of dispensing high school diplomas within the guidelines of the Western Association of Schools and Colleges and the State of California.
6. To provide therapeutic experiences to children and their parents that foster an open and honest parent-child relationship and communication (where such relationship is not detrimental to the child).

POPULATION SERVED
CEDU School offers residential treatment programming to male and female youth ranging in age from eleven through seventeen. Discrimination against any person because of race, color, religious belief, sex. handicap or national origin is strictly prohibited. Children are admitted based on the needs of the individual for residential care. Referred children generally have histories of adjustment problems in relation to family, school and peer group. Most, but not all have participated in previous interventions that have been proven unsuccessful, including individual or group counseling. Psychotherapy, family counseling, residential treatment or schooling, psychiatric hospitalization, drug and alcohol treatment, wilderness programs, etc. The emotional/behavioral profile may include depression, poor impulse control, inadequate coping skills, inhibiting defense mechanisms, defiance toward authority, academic or learning difficulties, school avoidance behaviors, self-destructive acts or suicidal ideation, drug or alcohol use, low self-esteem, problematic peer affiliations, identification with various teenage subcultures, difficulty with anger management, runaway behavior, promiscuity, or confused sexual identity. Excludable conditions are psychotic psychiatric disorders, serious drug addiction, pregnancy, or severe physical disability which would limit safe participation in the therapeutic milieu.

See policy statement entitled "Admissions Policy" for additional information.

GEOGRAPHIC AREA SERVED
CEDU School provides services to youth from throughout the United States and foreign countries. There are no limitations on services due to geographic region of origin. Service limitations may be necessary for youth who do not fluently speak and understand the English language.

LICENSURE
CEDU School is licensed as a group home by the California Department of Social Services, Community Care Licensing Division. Current capacity is 142 beds, inclusive of all facilities licensed under CEDU School. The academic program is accredited by the Western Association of Schools and Colleges. In addition, the academic program is accredited by the California Department of Education as a Nonpublic School for Special Education placements.

REQUISITES FOR SAFETY AND PHYSICAL CARE

The adolescent population served by CEDU School requires adult supervision during all program activities on a twenty-four hour basis to provide intervention for their emotional, behavioral and educational difficulties. Reasonable safety precautions are practiced to prevent children's access to toxic, flammable or hazardous substances or solutions.

CEDU School's primary approach to discipline is the use of natural or therapeutic consequences for inappropriate behavior. Factors taken into consideration when establishing a consequence include the nature of misbehavior, the child's personal history and emotional status, and methods for assisting the child in gaining additional insight into his/her behavior or interpersonal interaction patterns. CEDU School adheres to a policy of non-punitive consequences in which the child's personal rights are respected. Physical/corporal punishment, infliction of pain, coercion, intimidation or threats, and mental abuse are prohibited. Seclusion rooms an mechanical restraints are not used.

[Revised 10/01/98]

The facility is non-secure and living units are not locked. Runaway precautions rely on staff supervision and positive peer pressure. When a child does leave the facility without permission, local authorities are notified and typically return the child within a short period. The child's parents or legal guardian are also immediately notified of his or her departure and return.

The children enrolled in CEDU School are ambulatory and have the cognitive and developmental ability to care for their own personal needs. This includes feeding, dressing and hygiene. Nursing staff are available to monitor each child's health status and make referrals to medical providers as required.

CHARACTER AND EXTENT OF SERVICES

CEDU School is a full-service residential treatment center and special purpose school providing the following range of services:

- Needs and Services assessment, program planning and goal setting, discharge planning;
- Therapeutic milieu: structures program, direct care supervision, consistent limit setting, positive reinforcement for appropriate behavior, consequences for inappropriate behavior;
- Psychological services: Psychiatric evaluation, individual psychotherapy, psychotropic medication management;
- Health care services: health assessment and monitoring, referral to full compliment of consulting physicians, monitoring of chronic medical conditions (diabetes, seizure disorders, asthma, etc.);
- Accredited academic programming leading to high school diploma;
- Emotional growth programming: individual and group counseling; intensive, issue-oriented seminars and workshops;
- Recreational activities;
- Therapeutic outdoor programming;
- Family Services: family counseling, conjoint counseling, parent/child visits, home visits, parent-education, family and community reintegration planning;
- Food, and transportation services.

An experiential educational focus is emphasized in the delivery of academic, emotional growth and recreational activities. The integration of experiential activities. The integration of experiential activities into the emotional growth curriculum offers children an opportunity to challenge themselves through outdoor adventure activities and to gain increased self-awareness through cooperative group initiatives. Recreational activities also focus on the outdoors and include swimming, hiking, high and low elements ropes course, running, basketball, tennis, and other activities.

DAILY ROUTINE

CEDU School provides a highly structured milieu which includes an integration of emotional growth, educational and recreational activities. The child's day is structured from wake-up to bed-time with all activities provided with staff supervision. Approximately on hour of personal time and two hours of leisure activity is provided. Ample time is also provided in the event that homework assignments are given at school. All other hours are structured to include chores, work projects, peer meetings, individual counseling, group counseling, academic instruction, peer leadership activities, recreational activities or emotional growth sessions.

STAFF COMPOSITION

The Executive Director of CEDU School has over thirty years experience in the field, the last twelve of which have been spent within the CEDU system. He holds a Masters Degree in Music Therapy, is certified in Gestalt Therapy, and has a bachelor's degree in Computer Science. Her past experience is inclusive of management and counseling, including working as a clinical therapist. The multi-disciplinary staff includes counselors, teachers, nurses, clinical psychologist, therapists, family service coordinators, and a staff of psychologists, therapists and a psychiatrist that are all service providers. Direct staff supervision is provided during waking hours, and night staff provide coverage during sleeping hours. In addition, support service personnel include food service workers, drivers, clerical and business office personnel, maintenance and housekeeping personnel.

ACCESS TO PHYSICIANS

The nursing staff routinely monitor children's health status, making referrals to local area physicians as indicated. Physicians of every specialty are available in either Running Springs and other nearby mountain resort communities. Emergency medical services are available at Mountains Community Hospital. Psychological and psychiatric services are scheduled by the Clinical Services Department, utilizing Behavioral Medicine Center in Redlands, CA. The consulting psychologist is Dr. Soltani. This affiliation insures that immediate access to this acute care facility is easily facilitated.

CASE MANAGEMENT, REPORTING STANDARDS AND CONFIDENTIALITY

During the first month of placement, complete background information is gathered from parents, schools, and other agencies or professionals who have been involved with the child. The child is assessed as indicated by the presenting problems. This includes a comprehensive physical examination, behavior observation by direct care staff, review of prior placement and psychological reports assessment of academic skills, and review of academic credits. In addition, the assessment may include a clinical interview by staff psychologist, psychological or psycho-educational evaluation, psychiatric evaluation, psychotropic medication review, academic achievement testing or other assessment. Following this period, a Needs and Services Plan is developed. This plan is implemented by a multi-disciplinary team that includes the Phase Manager, Family Resource Coordinator, teachers, counselors, and medical professionals as indicated in the plan. The plan is reviewed with the child, revised and new goals established at six month intervals. Prior to finalizing the plan, it is sent to parents or authorized representatives of the child to insure that all involved with the child are in agreement with the revisions. The parents then return a signature sheet which is placed in the child's file with the revised plan. Third party payers may request monthly or quarterly progress reports form the Utilization Review Department. This is determined on a case by case basis. Any progress report will summarize notes from the multi-disciplinary team, including the physician, nurses, psychiatrist, psychologist, social worker, case manager, and counselors.

CEDU School is a long term, 24 month program and children are typically expected to complete the entire 24 month curriculum. If at any time during a child's program participation the multi-disciplinary team feels the child's needs will be better met at another CEDU Family of Services program, The child will be screened by the Clinical Services Director to determine the CEDU Family of Services program most appropriate to his or her needs. CEDU School adheres to strict confidentiality practices to protect the identity and privacy of the children in its care. No information is released to any person or agency regarding a child admitted to the program without written consent of the child's parents or legal guardian. CEDU School also obtains the written consent of the parent or guardian to request information about the child from prior placements or professionals that have been involved with the child.

MEASURING RESULTS AND OUTCOMES

CEDU Family of Services completed its first formal outcome study in 1997. The study was compiled by California Survey Research Services, and covered a sampling from each of the schools in the Family of Services system. Parents and past children were asked to rate their Pre and Post-CEDU experience in terms of: Family and Peer Relationships, Illegal Substance abuse, and Educational futures. Also included in the study were percentage charts where the children and parents were asked to rank the tools gained while at CEDU, and Parents evaluations the Adult Education workshops.

While this study was a prototype of actual documentation, a database of past students is kept at the Corporate office, and graduates have informally maintained contact with CEDU School for years. In addition, the Parent Services Department routinely contacts the parents of discharged students to follow-up on the child's status and functioning. A new position, Director of Alumni Services has also just been created within Parent Services, and this position's primary function is to act as a conduit for information about past students. One of the first events that is being discussed by this new director is a major reunion of past CEDU students. Stories of discharged students who successfully completed the program are also frequently featured in in-house publications such as staff and family newsletters.

CEDU Family of Services will now be represented on the Outcome Committee of The Brown Schools. Due to the acquisition of CEDU Family of Services by The Brown Schools in August 1998, CEDU School is currently in the process of examining its systems of outcome and results research so that they are more in line with The Brown School's existing systems. A formal system for measuring both clinical and behavioral outcomes and resident/parent satisfaction will be implemented in the Spring of 1999.

CEDU FAMILY OF SERVICES
ACADEMIC CURRICULUM
CEDU SCHOOLS

The academic curriculum consists of the following course offerings, leading to a high school diploma:

ENGLISH
Basic English/Composition
American Literature
World Literature
Contemporary Literature

SOCIAL STUDIES
World History
United States History
Government
Economics

MATHEMATICS
Basic Math/Pre-Algebra
Algebra I
Geometry
Trigonometry/Pre-Calculus
Calculus
Consumer Math is offered during the last year to students for whom college preparatory courses are not appropriate.

SCIENCE
Physical/Earth Science
Biology
Physics

ART
Visual Arts I
Visual Arts II
Dramatic Expression
Drama
Dramatic Productions

PHYSICAL EDUCATION
Basketball
Volleyball
Fitness/Calistentics
Wilderness Training
Cooperative Games/Group Initiatives

LIFE SKILLS
Introduction to Computers
Study Skills
Life Skills I
Life Skills II

FOREIGN LANGUAGE
Spanish I
Spanish II

HEALTH

[07/02/97]

CEDU FAMILY OF SERVICES - CALIFORNIA
HEALTH CARE SERVICES
MEDICAL PROVIDERS

PRIMARY PHYSICIAN

Keith Simpson, D. O.
P.O. Box 2303
Running Springs, CA 92382
909-867-2280

FAMILY PRACTICE

Dale Gorski, M.D.
29101 Hospital Rd.
Lake Arrowhead, CA 92352
909-336-3651
909-336-4817

David Jewell, M.D.
29101 Hospital Rd.
Lake Arrowhead, CA 92352
909-337-8165

Norman Bravo, M.D.
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DERMATOLOGY

Jeffrey Ratlet
P.O. Box 1037
Blue Jay, CA 92317
909-337-9771

PEDIATRICS

Marguerite Jewell, M.D.
29101 Hospital Rd.
Lake Arrowhead, CA 92352
909-336-1221

GYNECOLOGY

Nancy Davis
29101 Hospital Rd.
Lake Arrowhead, CA 92352
909-337-8165

ORTHODONTICS

David Jo
1748 No. "D" Street
San Bernardino, CA 92415

ORAL SURGERY

Randall Halliday D.D.S.
1697 N. Watersman Ave.
San Bernardino, CA 92404
909-886-6845

DENTISTS

Michael Ewert
32199 Hilltop Blvd.
Running Springs, CA 92382
909-3370705

Dr. Bialleki D.D.S.
Blue Jay, CA 92317
909-337-0705

[07/02/97]

CEDU FAMILY OF SERVICES
HEALTH CARE SERVICES - CALIFORNIA
PROFESSIONAL SERVICES/PROVIDERS

PROFESSIONAL SERVICES

Dr. William Murdock
Psychiatrist
1710 Barton Rd.
Redlands, CA 92376

Dr. Inge
Psychiatrist
1710 Barton Rd.
Redlands, CA 92376

Dr. Moltani
Psychiatrist
1881 Business center Drive, #9
San Bernardino, CA 92408

Dr. Ted Williams
Psychiatrist
1412 East Chapman Blvd.
Orange, CA 91720

Saeed Soltani, Ph. D.
Psychologist
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Running Springs, CA 92382
(909) 867-2722 ext. 116

Jim Musgrave, M.S.
Marriage, Family and Child Counselor
License #MFC 29666
P.O. Box 516
Lake Arrowhead, CA 92352
(909) 337-4164

Bruce Fountain, M.S.,
Marriage, Family and Child Counselor
License # MFC 32985
1325 Auto Plaza Drive, Suite 110
San Bernardino, CA 92408
(909) 885-0411

Dan Casella, M. A..
Marriage, Family, and Child Counselor
License #MFC 22108
3500 Seymour Rd.
Running Springs, CA 92382
(909) 867-2722

EMERGENCY PSYCHIATRIC SERVICES

Loma Linda Behavioral Medicine Center
11320 Mountain View
Gloucester Building, Suite C
P.O. Box 2000
Loma Linda, CA 92354
(909) 799-6052

[07/02/97]

CEDU FAMILY OF SERVICES
Safety Policies and Procedures
Transportation

GOALS

To transport children and staff in a responsible and safe manner. To maintain all vehicles in safe operating condition.

VEHICLE OPERATION

1. All vehicles used in the transport of passengers shall be validly licensed and inspected according to applicable state vehicle codes and any other applicable licensing regulations.

2. Every vehicle shall be maintained in safe operating condition. Each vehicle shall carry emergency equipment including a suitable first aid kit, flashlight, jack and spare tire.

3. The Transportation Department will inspect all vehicles regularly for physical condition including appearance, fluid levels, tires, lights, emergency equipment and appropriate documents (registration, insurance). Vehicles will be maintained according to a preventive maintenance schedule established by the Transportation Department.

4. Prior to each use of a vehicle, the gas, oil, water, tire pressure and outside appearance (for damage) shall be checked by the operator.

5. Any vehicle with a maintenance problem, that will impede its safe operation (ex: lights, brakes, tires) shall not be used to transport children until all repairs are completed.

6. Vehicles will be operated according to all applicable state and local laws, including posted speed limits.

TYPES OF VEHICLES

Each CEDU Family of Services program has a complement of vehicles suitable to the program's regular activities and needs. Typical vehicles include four-wheel drive suburbans, 15-passenger vans, pickup trucks, mini-vans or small station wagons.

DRIVERS

Persons transporting students on behalf of any CEDU Family of Services program shall possess a valid drivers license for the class of vehicle the person is driving.

Persons with a poor driver history or without a valid drivers license, shall not operate a CEDU Family of Services vehicle.

Drivers' performance will be reviewed regularly by the Transportation Department. Indications of unsafe driving—accidents, tickets, complaints—shall be reviewed by the program administrators who will determine if disciplinary action is deemed necessary. Disciplinary action may include termination, suspension without pay, verbal or written reprimand, and/or suspension of driving privileges.

PASSENGER SAFETY

In addition to the above policies regarding vehicle condition and drivers, the following shall apply:

1. The number of persons in any vehicle may not exceed the passenger capacity as determined by the vehicle manufacturer.

2. Drivers and maintenance personnel shall not permit passengers to ride in the back of pick-up or flat bed trucks.

3. Safety restraints (seat belts), as installed at the time of manufacturing, shall be used by occupants whenever the vehicle is moving.

4. Smoking is prohibited in any CEDU Family of Services vehicle.

5. Scuffling or horseplay while riding in any vehicle is prohibited.

6. No hitchhikers shall be picked up by any CEDU Family of Services vehicle.

EMERGENCY SITUATIONS

In the event of an emergency situation on campus, transportation will be arranged by the Transportation Department. Personal vehicles of staff members may be utilized only if they are properly licensed and insured according to state requirements.

If a driver has an emergency while away from campus, they will contact the Transportation Supervisor, Business Manager or the Program Director for assistance.

CEDU FAMILY OF SERVICES
COMMUNITY CARE LICENSE
SECTION B

B-10 Attached: Sample Menu 7/8 to 7/ 23
Meal Time Schedule
Special Dietary List
Snack List
Menu Planning/Food Services Policies

FOOD SERVICES
Menu Planning and Food Service Delivery

GOALS

To provide students and faculty with nutritional, balanced meals and snacks. To assist students in acquiring good dietary habits.

SUPERVISION

The Food Services Director will develop menus and supervise all food service delivery. A consultant dietician provides routine evaluation to assure menus are nutritionally balanced, varied and in adequate quantities.

GENERAL STANDARDS

a) Nutritious, appetizing food will be provided in amounts and varieties necessary to meet established standards as adjusted for age, sex and activity of the students.

b) Three balanced meals will be served daily except Sunday when a large brunch and dinner are served.

c) Nourishing between meal snacks will be available to supplement students' diet, but will not be used as a meal substitute.

d) Potable drinking water shall be available to students at all times.

e) Students will be encouraged to eat food served, but will not be coerced.

f) Appropriate table manners will be encouraged.

g) Students' cultural/ethnic preferences will be taken into consideration in food purchasing and menu planning.

h) Vegetarian alternative to meat dishes will be available at each meal.

i) At no time will a student be deprived of meals as a form of control or discipline.

MEAL TIMES

Meals will be served as follows:

Monday - Saturday		Sunday	
Breakfast	8:00 a.m.	Brunch	10:00 a.m.
Lunch	12:00 p.m.		
Dinner	6:00 p.m.	Dinner	5:00 p.m.
Snacks	Mid-afternoon/evenings	Snacks	Mid-afternoon/evenings

[Issued 11/20/94]

PURCHASING

Food is selected to comprise nutritionally balanced meals according to approved menus. The following guidelines apply:

a) Fresh foods are purchased at least weekly from reputable wholesalers and food handlers.

b) Special foods needed for specific dietary regimes are purchased as required.

c) Only pasteurized milk and milk products are used.

d) Only USDA inspected and approved meat is used.

e) No home canned foods are used.

STORAGE

Food is stored to assure freshness is maintained. Outdated foods are disposed of. The following guidelines apply:

a) All containers are stored off the floor on clean surfaces and protected from contamination.

b) Items are labeled as to content and expiration date, if applicable.

c) Leftovers are put in sealed containers and labeled as to content and date stored.

d) All poisonous, non-food items or toxic materials are properly identified and stored separately in locked cabinets.

e) All perishable foods are kept refrigerated at 38 degrees to 45 degrees except during preparation and service time. This is done by storage in refrigerators or freezers.

f) All refrigerators and freezers are capable of being opened from the inside.

MENU PLANNING

Menus are prepared by the Food Services Director and reviewed by a consultant dietician. Menus shall be adhered to by the Kitchen Manager and workers. If changes or substitutions become necessary, foods from the same food group are selected when possible. Changes in daily menus are noted to provide accurate documentation of meals served and these menus are kept on file for six months.

Students' special diet needs will be determined by the nurse in conjunction with the consulting physician. Special needs may be due to food allergies, chronic medical condition (i.e. high blood pressure, diabetes, etc.), or illness. The Student Diet Roster will be updated monthly or as needed and posted in the food service area.

MEAL PREPARATION

All food handlers are required to have a current T.B. skin test and physical examination. All persons with boils, infected wounds, respiratory infections or other communicable diseases are properly restricted. All suspected communicable diseases are reported to the health authorities. All persons preparing food must wash hands, have clean outer garments and practice good hygienic behavior.

Foods will be prepared by appropriate methods to enhance nutritional value, flavor and appearance. Faculty will be served the same food as students unless special dietary needs are a factor. Students will participate in cooking as a means of attaining life skills and good dietary habits.

EQUIPMENT AND UTENSILS

All cooking equipment and utensils must be in good repair with no cracks, chips, pits or open seams. All must be made of cleanable, smooth, approved material with no corrosion. All tableware, kitchenware and food contact surfaces of equipment must be clean to sight and touch. Stoves are cleaned after each meal. Detergents and abrasives must be rinsed off food contact surfaces. All utensils, tableware and kitchenware must be washed and sanitized using hot soapy water and two rinses. The first rinse is clear and the second contains one capful bleach per two gallons of water. The dishes are air-dried and storage shelves and areas are kept clean. Single service articles must be properly disposed of in approved containers after being used only one.

GARBAGE DISPOSAL

All garbage is stored in approved containers, adequate in size and number to meet the situation. Containers are kept clean, lined with plastic trash bags and covered with tight fitting lids. Garbage is disposed of in an approved manner consistent with local and county health ordinances. Trash is disposed of daily at authorized sites.

HYGIENE

Adequate handwashing and hand-drying facilities will be available and students will be encouraged to wash their hands before eating.

FOOD SERVICES
Guidelines for Menu Planning

The following guidelines apply toall programs within CEDU Family of Services. Menus must specify the amount of each food to be served. Each day, each youth must receive a minimum of the following in accordance with the recommendations of the USDA Basic Food Group Plan Daily Food Guide:

MILK AND MILK PRODUCTS: Four (4) or more servings

One (1) serving =
- 8 oz. milk
- 8 oz. yogurt
- 2 oz. cheese
- 1 cup pudding
- 2 cups ice cream
- 1 cup cottage cheese

MEAT AND ALTERNATES: Three (3) or more servings

One (1) serving =
- 3 oz. beef, pork, lamb, fowl, fish
- 2-3 eggs
- 2-3 oz. cheese
- 3/4 cup cottage cheese
- 1 cup dried beans, peas, lentils
- 4-6 tbsp. peanut butter
- 3/4 cup canned fish
- 1 cup nuts
- 3/4 cup wheat germ
- 3/4 cup sunflower, pumpkin, sesame seeds

DEEP GREEN OR YELLOW VEGETABLES: One (1) or more servings

One (1) serving = ½ cup vegetable (deep green or yellow)

OTHER VEGETABLES, JUICES AND FRUITS: Two (2) or more servings

One (1) serving =
- ½ cup cooked vegetables
- 1 cup raw vegetables
- 4 oz. fruit juice
- 1 medium sized fruit (banana or apple)

HIGH VITAMIN C FRUITS OR JUICES: One (1) or more servings

One (1) serving =
- 4 oz. juice
- 1 medium sized fruit (orange or grapefruit)

BREAD AND CEREALS: Four (4) or more servings

One (1) serving =
- 1. slice bread (whole grain or enriched)
- 3/4 cup dry cereal
- ½ cup cooked cereal, grits, rice, pasta 4 crackers
- 1 medium tortilla

Eating Schedules
Mon - Fri

Middle School

Breakfast: 7:00am

Lunch: 12:00pm

Dinner: 5:00pm

Saturday

Breakfast: 7:45am

Lunch: 12:00pm

Dinner: 5:00pm

Sunday

Brunch: 9:45am

Afternoon: 2:00pm
Snack

Dinner: 4:00pm

High School

Breakfast: 7:45am

Lunch: 1:00 pm

Dinner: 6:00pm

Saturday

Breakfast: 8:30am

Lunch: 1:00pm

Dinner: 6:00pm

Sunday

Brunch: 10:45am

Afternoon: 2:00pm
Snack

Dinner: 5:00pm

STANDARD EVERYDAY MENU

BREAKFAST

STANDARD:
- Hot & Cold Cereal
- Toast & Butter
- Jelly & Honey
- Fruit Bowl
- Hot Tea or Cocoa
- Fruit Juice

DAILY OPTIONS:
- Bagels with Cream Cheese
- Cottage Cheese w/peaches or pears or pineapple
- Breakfast Bread
- Pop Tarts
- Muffins - Bran, Blueberry, Applesauce, Banana, Pineapple, Apple, Poppyseed
- Breakfast Burritos
- Cinnamon Toast
- Yogurt with Grape-Nuts
- CEDU Granola
- Waffles
- Pancakes

LUNCH & DINNER

SALAD BAR

STANDARD: Mixed Greens

CONDIMENTS: Raisins, Cucumbers, Bac-o's, Grated Egg, Sunflower Seeds, Alfalfa Sprouts, Pepperoncini, Black Olives, Radishes, Tomatoes, Grated Cheese, Mushrooms, Garbanzos, Kidney Beans, Red Onion, Croutons

DRESSINGS: Ranch, French, Italian

ONE EXTRA SALAD: Potato, Cole Slaw, Pasta, Carrot and Raisin, Tomato/Cucumber/Red Onion Vinaigrette

Lunch and dinner menus change daily.

Breakfast	Lunch	Dinner
Saturday 7/18		
Hot and Cold Cereal Toast - B&J Hard Boiled Eggs Fruit Bowl	Smorgy Fruit Salad Bar	BBQ Round Steak Baked Beans Corn on the Cob Salad Bar Dessert:Carol's Choice
Sunday 7/19		
Hot & Cold Cereal Toast - B&J Fruit and Cheese Tray Scrambled Eggs	Hash Browns Donuts & Danish Bacon	Teriyaki Chicken Fresh Vegetables Steamed Rice Salad Bar/Fruit Rolls & Butter
Monday 7/20		
Hot and Cold Cereal Toast - B&J Bagels & cream cheese Fruit Bowl	Taco Bar Seasoned Beef Beans & Rice Assorted Condiments Fresh Fruit/Salad Bar	Spaghetti & Meatballs Fresh Vegetable Salad Bar Fruit Bowl Breadsticks
Tuesday 7/21		
Hot and Cold Cereal Toast - B&J Marco's Granola Fruit Bowl	Chef's Salad Bar Assorted Salads Assorted Condiments Fresh Fruit Tray Salad Bar	Sweet & Sour Chicken Steamed Rice Stir Fried Vegetables Almond Cookies Salad Bar
Wednesday 7/22		
Hot and Cold Cereal Toast - B&J Biscuits & Gravy Fruit Bowl	Hot Dog BBQ Pasta Salad Potato Chips Fresh Vegetable Tray Salad Bar/Fruit	Meatloaf Fresh Vegembles Mashed Potatoes Rolls & Butter Salad Bar/Fruit Bowl
Thursday 7/23		
Hot and Cold Cereal Toast - B&J Yogurt Bar Fruit Bowl	McCcdu Chicken sandwiches French Fries Cookies Fresh Fruit Salad Bar	Beef Fajitas Beans & Rice Sliced Peppers/onions Salad Bar/Fruit Bowl Breadsticks
Friday 7/24		
Hot and Cold Cereal Toast - B&J Fresh Muffins Fruit Bowl	Top Ramen Teriyaki Chicken Wings Stir Fried Vegetables Sesame Rolls Fortune Cookies Salad Bar Fresh Fruit	Mahi Mahi/Papaya Salsa Cous Cous Fresh Vegetables Fruit Tray Salad Bar

Breakfast	Lunch	Dinner
Saturday 7/11		
Hot and Cold Cereal Toast - B& J English Muffins Fruit Bowl	Lil Charlies Pizza Antipasto Salad Fresh Fruit Tray Salad Bar	Chicken Parmesan Egg Noodles Fresh Vegetables garlic Bread Salad Bar Dessert: Carol's Choice
Sunday 7/12		
Hot & Cold Cereal Toast - B&J Waffles Fruit and Cheese Tray Scrambled Eggs	Hash Browns Bagels & CC Donuts & Danish Bacon	Beef & Bean Burritos Chips & Salsa Fruit Bowl Salad Bar
Monday 7/13		
Hot and Cold Cereal Toast - B&J Hard Boiled Eggs Fruit Bowl	Pasta Bar Assorted Pastas Assorted Sauces Cheese Breadsticks Fresh Fruit/Salad Bar	Lemon Chicken Steamed Rice Fresh Vegetables Salad Bar/Fruit Bowl Rolls & Butter
Tuesday 7/14		
Hot and Cold cereal Toast - B&J Bagels & Cream Cheese Fruit Bowl	Hot Pastrami Sandwiches French Fries Assorted Condiments Fresh Fruit Tray Salad Bar	Beef Stir Fry Stir Fried Rice Vegetables Rolls & Butter Salad Bar
Wednesday 7/15		
Hot and Cold Cereal Toast - B&J Biscuits & Gravy Fruit Bowl	Tuna Sandwiches Pasta Salad Potato Chips Fresh Vegetable Tray Salad Bar/ Fruit	Pork Chops Fresh Vegetable Baked Potatoes Rolls & Butter Salad Bar/Fruit Bowl
Thursday 7/16		
Hot and Cold Cereal Toast - B&J Yogurt Bar Fruit Bowl	Tostdadas Pinto Beans & Rice Assorted Condiments Fresh Fruit Salad Bar	BBQ Chicken Corn on the Cob baked Potatoes Rolls & Butter Fruit Bowl/Salad Bar
Friday 7/17		
Hot and Cold Cereal Toast - B&J Fresh Muffins Fruit Bowl	Caesar Salad Chicken Tenders Clam Chowder Fresh Fruit Tray Salad Bar	Beef Dip Sandwiches French Fries Vegetable Fruit Bowl Salad Bar

Breakfast	Lunch	Dinner
Saturday 7/25		
Hot and Cold Cereal Toast - B& J Pop tarts Fruit Bowl	Boboli Pizza Antipasto salad Fruit Salad Bar	Hot Turkey Sandwiches Mashed Potatoes Fresh Vegetables Salad Bar Dessert: Carol's Choice
Sunday 7/26		
Hot & Cold Cereal Toast - B&J Pancakes Fruit and Cheese Tray Scrambled Eggs	Hash Browns Bagels & CC Donuts & Danish Sausage	Quesadillas Beans & Rice Fruit Tray Salad Bar Chips & Salsa
Monday 7/27		
Hot and Cold Cereal Toast - B&J Bagels & cream cheese Fruit Bowl	Greek Gyros Greek salad Fresh Fruit Tray Assorted Condiments Salad Bar	Fish & Chips French Fries Sliced carrots Salad Bar Fruit Bowl
Tuesday 7/28		
Hot and Cold cereal Toast - B&J Marco's Granola Fruit Bowl	Chicker Salad Sandwich Assorted Salads Potato Chips Fresh Fruit Tray Salad Bar	BLT Sandwiches Mac & Cheese Fresh Vegetables Salad Bar Fruit Bowl
Wednesday 7/29		
Hot and Cold Cereal Toast - B&J Biscuits & Gravy Fruit Bowl	Burrito Bar Beans & Rice Assorted Condiments Fruit Tray Salad Bar	Fried Chicken Fresh Vegetables Mashed Potatoes Rolls & Butter Salad Bar/Fruit Bowl
Thursday 7/30		
Hot and Cold Cereal Toast - B&J Yogurt Bar Fruit Bowl	Corn Dogs French Fries Cookies Fresh Fruit Salad Bar	Steak Sandwiches Fresh Vegetable Salad Bar Fruit Bowl
Friday 7/31		
Hot and Cold Cereal Toast - B&J Cinnamon Rolls Fruit Bowl	Submarine Sandwich Potato Salad Vegetable Tray Potato Chips Cookies Salad Bar Fresh Fruit	Popcorn Shrimp Baked Potatoes Fresh Vegetables Fruit Tray Salad Bar

Breakfast	Lunch	Dinner
Saturday 8/01		
Hot and Cold Cereal Toast - B& J Coffee cake Fruit Bowl	Smorgy Fruit Salad Bar	Carne Asada BBQ Pinto Beans Flour Tortillas/Condiments Salad Bar Dessert: Carol's Choice
Sunday 8/02		
Hot & Cold Cereal Toast - B&J French Toast Fruit and Cheese Tray Scrambled Eggs	Hash Browns Bagels & CC Donuts & Danish Bacon	Chicken parmesan fresh Vegetables Spaghetti Noodles Salad Bar/Fruit
Monday 8/03		
Hot and Cold Cereal Toast - B&J Bagels & cream cheese Fruit Bowl	Tostada Bar seasoned Beef Beans & Rice Assorted Condiments Fresh Fruit/Salad Bar	Meatloaf Red Potatoes Fresh Vegetables Salad Bar/Fruit Bowl Rolls & Butter
Tuesday 8/04		
Hot and Cold cereal Toast - B&J English Muffins Fruit Bowl	Fettucini Alfredo Antipasto Salad Assorted Condiments Fresh Fruit Tray Salad Bar	Sweet & Sour Chicken Steamed Rice stir Fried Vegetables Almond Cookies Salad Bar
Wednesday 8/05		
Hot and Cold Cereal Toast - B&J Biscuits & Gravy Fruit Bowl	Hot Dog BBQ Pasta Salad Potato Chips Fresh Vegetable Tray Salad Bar/ Fruit	Beef Brisket Fresh Vegetables Mashed Potatoes Rolls & Butter Salad Bar/Fruit Bowl
Thursday 8/06		
Hot and Cold Cereal Toast - B&J Yogurt Bar Fruit Bowl	McCedit Chicken sandwiches French Fries Cookies Fresh Fruit Salad Bar	Pasta Bar Assorted Pastas Assorted Sauces Fruit Bowl/Salad Bar Breadsticks
Friday 8/07		
Hot and Cold Cereal Toast - B&J Fresh Muffins Fruit Bowl	Caesar Salad Chicker Tenders Broc/Cheese soup Fresh Fruit Tray Rolls & Butter Salad Bar	Beef Enchiladas Pinto Beans & Rice Tortilla Chips & salsa Fruit Bowl Salad Bar

CEDU FAMILY OF SERVICES
COMMUNITY CARE LICENSE
SECTION B

B-8 Attached are Rules of Discipline for CEDU School

CEDU FAMILY OF SERVICES
STUDENT PROCEDURES, RULES, POLICIES, GUIDELINES, AND RIGHTS
CALIFORNIA SCHOOLS

As a student of CEDU School I understand that I will be provided an education commensurate with my abilities and capacities, that CEDU School will furnish adequate room and board facilities and CEDU School will arrange vacations, holidays, and family visits for me in accordance with schedules set by the school.

I understand and agree that I will not be allowed to have the following clothing and personal effects at CEDU School:

1. trendy, faddish and expensive designer label clothing
2. black, fluorescent, neon-colored clothes or clothes with emblems
3. Tee and sweat shirts will be plain without rock music, surfing, or "new wave" slogans
4. military/army image or punk type clothing
5. short skirts, pants, with multiple zippers, partially black clothing or shoes
6. jewelry, other than one pair of small stud earrings (girls only)
7. radical hair styles/long hair on boys
8. aftershave lotion, other than what is provided by the school
9. shampoo/conditioner, other than what is provided by the school
10. food, other than what is provided by the school
11. false fingernails
12. musical instruments
13. credit cards/money
14. radios
15. magazines/books
16. bandannas
17. nail polish
18. curling irons/curlers
19. purses/wallets
20. perfume/cologne
21. stereo equipment/tapes
22. styling gel/mousse/hair dyes
23. Levi™ or leather jackets/vests
24. make-up
25. cameras

RULES OF DISCIPLINE - BASIC RULES

1. Accept staff direction.
2. Maintain good personal hygiene and personal appearance.
3. Be polite and use good manners.
4. Act with restraint. No physical violence or threats of physical violence are allowed.
5. Use only personal property.
6. Stay in the facility unless given staff permission to leave.
7. Make or receive phone calls only with staff permission.
8. Stay in or at all assigned activities.
9. No sex, no drugs, no smoking, and no stealing are permitted.
10. Be honest and truthful.

DISCIPLINE GUIDELINES

General guidelines for the discipline of students shall be in accordance with the following principles:

1. Punishment, control, and discipline of students shall be an adult responsibility and shall not be prescribed or administered by students.
2. Discipline shall be regarded as a learning process by which adults help the student to have the experience he/she needs so that he/she can learn to live in reasonable conformity with accepted standards of social behavior and do so by progressively acquiring and applying his/her inner self-controls.
3. Constructive methods shall be used for maintaining group controls and handling individual behavior.
4. Discipline shall be administered on an individualized, fair, reasonable and consistent basis and be related to the student's misbehavior. Group discipline for misbehavior of one or more members of a group shall be discouraged.
5. Punishment shall be used only in situations when other means are ineffective and students can benefit from the experience of facing the consequences of unacceptable behaviors as a part of the learning process.

[revised 09/17/98]

6. Students will not be singled out to be punished before a group. Corporal or unusual punishment, infliction of bodily pain, coercion, threat; mental abuse, or other actions of a punitive nature including deprivation of essentials such as meals, sleep, or adequate clothing, or any type of degrading or humiliating punishment shall not be used. Monetary allowances, visits from parents or home visits shall not be used as a means of discipline unless agreed upon by parents.

If my behavior warrants:

1. I may be excluded from select members of my peer group, social activities and be placed under closer supervision until such a time that it is judged that I present no safety concerns to myself or others and I am in agreement with program rules.
2. I may not be allowed to associate with certain peers whose relationships have been judged by staff members to be contraindicated to my program.
3. I may have privileges revoked, i.e. telephone, music, loss of position such as dorm head, store and commissary privileges, etc.
4. I may be required to complete a therapeutic consequence, and through voluntary completion I may earn said privileges back. Consequences may consist of, but are not limited to: writing assignments, work projects, individual and group discussions, a fulltime individualized learning experience, or community service.
5. If I am acting or speaking in a manner that is out of program agreements, I will receive immediate verbal re-direction or feedback from staff members.

TERMINATION

If in the opinion of CEDU School my behavior jeopardizes my physical or emotional health and/or safety or that of other students or faculty, I may be expelled from the school.

PERSONAL RIGHTS

I understand that as a student of CEDU School, I have the following personal rights:

1. To be accorded dignity in my personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet my needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting, or withholding of shelter, clothing, medication, or aids to physical functioning.
4. If my personal rights are violated by CEDU school, I may file a confidential complaint in writing or by telephone to:

   Department of Social Services
   Community Care Licensing
   Group Home Division
   3737 Main Street, Suite 600
   Riverside CA 92501 909-782-4207
   ATTN: Kristina Gutierrez

5. Attendance at religious services, in or outside CEDU School shall be on a completely voluntary basis.
6. To be able to make telephone calls and receive mail in accordance with the guidelines agreed upon between CEDU School and my parents.
7. Not to be locked in any room, building, or facility by day or night.
8. Not be placed in a restraining device.
9. To review and be aware of established complaint procedures.
10. To have my authorized representative receive progress updates from CEDU School.
11. To have any communications to CEDU School either by my parents or authorized representative answered promptly.
12. To have visitation from family as agreed upon between CEDU School and my family.
13. To wear my own clothing as long as it is within program clothing guidelines.
14. To possess my own toiletry articles as long as they are in within program guidelines.
15. To have access to an individual storage space.

I have read and understand the above procedures, rules, policies, guidelines, and rights.

Student's Name: (PLEASE PRINT)_____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

[Revised 09/17/98]

CEDU FAMILY OF SERVICES
COMMUNITY CARE LICENSE
SECTION B

B-9 Attached: Admissions Policy
Application Packet
Enrollment Contract
Fees List

CEDU School
Admissions Screening Procedures

CEDU School offers residential treatment and educational programming to male and female children ranging in age from eleven through seventeen. Discrimination against any person because of race, color, religious belief, sex, handi-cap, or national origin is strictly prohibited. Children are admitted based on needs of the individual for residential care. Children generally have histories of adjustment problems in relation to the family, school and peer group. Most, but not all, have participated in previous interventions that have been unsuccessful. These interventions may have included individual and group counseling, psychotherapy, family counseling, residential treatment or schooling, psychiatric hospitalization, drug and alcohol treatment, wilderness programs, etc. The emotional/behavioral profile may include low self-esteem, depression, poor impulse control, inadequate coping skills, inhibiting defense mechanisms, immature social skills, defiance towards authority, academic or learning difficulties, school avoidance behaviors, self-destructive acts or suicidal ideation, drug and/or alcohol use, problematic peer affiliations, identification with various teenage subcultures, difficulty with anger management, runaway behavior, promiscuity, confused sexual identity, and a variety of others.

Excludable conditions are psychotic psychiatric disorders, serious drug addiction, pregnancy, or severe physical disability that would limit safe participation in the therapeutic milieu.

Referral Process

Children are referred by a variety of sources, including psychologists, psychiatrists, social workers, therapists, mental health facilities, educational consultants, insurers, and adoption agencies. The referring agent, or parent referred by the agent, contacts one of CEDU School's Admissions Offices and speaks to an Admissions Counselor. The caller provides preliminary information regarding the adolescent, including reason for referral, behavioral and emotional profile, family history and dynamics, academic information and an overview of other interventions previously tried. If the child appears appropriate for admission to CEDU School, the Admission Counselor sends the parent or referring agent information on the programs and the CEDU School application packet. The parents or referring agent are required to submit the following documents to complete the screening process:

- ⇒ Completed CEDU School admissions packet
- ⇒ Medical history and current immunization records
- ⇒ Recent physical examination
- ⇒ Proof of custody (if applicable)
- ⇒ Previous psychological and psychiatric testing results and evaluations

Screening Criteria

All children referred to CEDU School screened for appropriateness for admission. While most presenting problems can be addressed by the services available within CEDU School, certain conditions are not acceptable for admission as they would prevent or significantly limit the child's full and safe participation in the program. Some services required by these conditions may also not be offered. Excludable conditions include, but are not limited to:

Physical Handi-cap:	Total blindness or severe vision impairment Total deafness or severe hearing loss Total dumbness or severe language impairment Non-ambulatory Moderately to severely impaired ambulatory Autism
Medical:	Pregnancy Serious drug addiction or alcoholism (requiring medical intervention)
Psychiatric/Emotional:	Actively suicidal Psychotic disorders Intelligence quotient below 70

There are a number of conditions that require special screening and may be excludable or require resources in addition to those typically offered as a part of CEDU School. When children experiencing these conditions are referred, the Admissions Counselor may request additional information or testing. Acceptance for enrollment will be made only if the necessary resources are available to ensure that the youth will be able to safely participate in the program without endangering him or herself or other children and faculty. These conditions include, but are not limited to:

Physical Handicap:	Partial hearing loss Partial loss of vision Serious speech impediment Loss of limb requiring prosthesis Other physical handi-cap that may significantly limit participation

[Revised 09/18/98]

Medical:	Contagious disease (not treatable with medication) Seizure disorder not controlled with medication Diabetes
Psychiatric/Emotional:	Eating disorders (requiring continuous medical/nursing care) Severe depression Recent suicide attempt Intelligence quotient below 85
Behavioral History:	Fire-setting Premeditated violence Sexual aggression

Children referred for enrollment with histories that include any of the above conditions are screened for appropriateness by the Admissions Counselor, Clinical Services Director and/or Executive Director. The Health Care Coordinator or Consulting Physician may also be consulted regarding special medical conditions.

SCREENING ASSESSMENT

The professional staff involved in the screening process will evaluate the following factors:

1. Determination of need for a psychological or psychiatric evaluation to determine appropriateness of placement or clearance for participation in certain program components. This may be required in the case of a recent suicide attempt, current psychiatric hospitalization, or recent diagnosis of psychotic disorder.
2. Determination of legal status of the child.
3. Determination of legal custody or authority to consent to placement.
4. Determination of appropriateness based on information provided by the parents or referring agent.
5. Determination of need for resources in addition to those typically provided by CEDU School.
6. Determination of sufficient financial resources to support program participation.

DENIAL OF ADMISSION

In addition to the excludable conditions indicated above, youth may be denied admission to CEDU School due to the parent's or referring agent's choice of another program, lack of funds for enrollment, or inability of CEDU School to meet specialized needs. The parent or referring agent shall be notified of the specific reasons for a child not being accepted for admission and make recommendations for more appropriate programs or interventions.

CEDU School
Admissions Procedures

Enrollment Process

During the referral and admission process, information about the child's history, family background and Admission Counselor's impressions is collected. Also at intake, the following documents must be made available by the parent or referring agent:

1. Completed Application for Admission, including:
   - a) Resident Information
   - b) Parent/Guardian Information
   - c) Resident/Background Information
   - d) Educational History
   - e) Parental Assessment
   - f) Resident Medical History
   - g) Consent to Examination, Treatment, and Release of Information
   - h) Release of Medical Information
   - i) Release of Medical Insurance Information
   - j) Transportation Consent and Release
   - k) Academic/Testing Release
   - l) Permission to Release School Records to CEDU Family of Services
   - m) Permission to Test
   - n) Professional Release
   - o) Photo Release
   - p) Urgent Transfer Agreement
   - q) Program and Activity Consent and Release
2. Court order relating to custody
3. Immunization Records
4. Completed physical examination and required laboratory test results, including TB test results
5. Prior Psychological tests and evaluations
6. Signed Participant Admissions Contract, detailing financial arrangements for provisions of services to be provided.

Student Files

The Admissions Department is responsible for gathering all necessary documentation on the child to be enrolled, such as: past educational transcripts, medical and psychological records, insurance information, proof of custody, etc. and initiating the creation of the child's Master File. A complete audit of the application is also completed by the admissions department, to insure that any blank information is tracked down and documented.

Once complete, the file is turned over to the Family Resource Department which processes and copies documents needed to create the Family Resource file.

Child's Personal Rights

At the time of intake, the child and parent's or placing agent are informed of the child's personal rights. All parties sign the *Procedures, Rules, Policies, Guidelines, and Rights* form, which then becomes part of the child's file. These rights shall not be violated.

CEDU SCHOOL
ASSESSMENT AND NEEDS AND SERVICE PLAN PROCEDURES

MEDICAL ASSESSMENT

A written physical examination must be received either prior to or within thirty days of enrollment. This physical assessment must be completed by, or under the supervision of a licensed physician or nurse practitioner, and shall not be more than one year old when obtained. The assessment must contain the following information:

1. Results of a TB and other infectious/contagious disease tests.
2. Identification of the child's special problems or needs, if applicable.
3. Identification of any prescribed medications being used by the child.
4. A determination of the child' ambulatory status.
5. Identification of any physical limitations, including need for a special diet that may hinder program participation.

IMMUNIZATION REQUIREMENTS

Any child that enrolls and does not have valid documentation of current vaccinations, must receive first doses within 30 days of enrollment, with follow-up shots as necessary. The following lists the diseases that the child must be vaccinated against:

1. Poliomyelitis
2. Diphtheria
3. Pertussin
4. Tetanus
5. Measles
6. Rubella
7. Mumps

PSYCHOLOGICAL SCREENING

All children that are enrolled at CEDU School are evaluated by a licensed professional (MFCC, MSW, or psychologist), within their initial thirty days of placement. The professional will at the time of this evaluation make recommendations regarding the child's needs and these recommendations will be incorporated into the initial Needs and Services plan for the child.

NEEDS AND SERVICES PLAN

All children receive the basic social services required by the Department of Social Service (Community Care Licensing). They receive adequate clothing, food and shelter. Children with medical, legal and dental needs have these needs addressed and dealt with by the individual(s) addressed with the Needs and Services Plan. The plan will be developed and implemented as follows:

The plan serves as an assessment of the child's situation. The plan shall identify the child's needs in the following areas:

1. Reason for placement
2. Educational needs
3. Training
4. Personal care and grooming
5. Ability to manage his/her own money, and CEDU School's policies for amount of money a child is permitted to possess.
6. Visitation with family members
7. Services necessary for the child's parent or guardian.

The plan shall further incorporate or address:

1. The types of services necessary for each individual child.
2. CEDU Family of Services facility's purposes, program methods, and goals.
3. CEDU Family of Services Admissions Policies and Procedures
4. Services to be provided by CEDU Family of Services in conjunction with community resources.
5. Planned length of placement, including discharge plan.
6. The Needs and Services Plan is completed within 30 days after admission. (Children that rely on others to perform aspects of daily living are outside of the client profile, and therefore not accepted.)
7. A copy is forwarded to the parents and referral source prior to final approval, and a signature sheet approving plan is returned to be placed with file copy of plan.
8. The original copy is kept as part of the child's file.

The plan shall be reviewed at least every six months to determine the following:

1. The child's progress and need for continued services.
2. CEDU's assessment of an appropriate discharge direction.
3. Any modifications in services to be provided.

As with the initial plan, a copy of the revised plan shall be sent to the child's parent of placing agent for review prior to finalization. If no modifications are requested, a signature sheet is requested to be completed and returned. This is then filed with the revised plan.

REASONS FOR TERMINATION

A child may be expelled from a CEDU Family of Services facility if, in the opinion of CED Family of Services, their behavior jeopardizes their own physical or emotional health, and/or safety or that of other students or faculty.

VISITATION

CEDU School encourages regular family involvement with their child and provides ample opportunity for family participation in activities at the facility. Each child is scheduled for a series of visits with parents, beginning with on-campus visits and progressing to off-campus visits and then home visits. For most children, these visits are approximately 3 months apart.

RIGHTS OF THE LICENSING AGENCY

The Department of Social Services Community Care Licensing Division, has the authority and right to interview children and staff members, inspect children's records, and audit facility records at any time, and without prior notice. CEDU School shall comply with any requests made by the Department. Compliance includes, but is not limited to making provisions for private interviews with staff and children, and producing any and all records requested by the Department for review.

During inspections, the Department or licensing agency has the authority and right to observe the physical condition of children, including conditions that could indicate abuse, neglect, or inappropriate placement. If there is suspicion on the licensing agent or Department representative's part, they may have a licensed medical professional physically examine the child.

CEDU SCHOOL, INC.
Running Springs, California

PARTICIPANT ADMISSION CONTRACT

NAME OF PARTICIPANT: _____

NAME OF PARENT(s)/GUARDIAN(s) _____

_____

BILLING ADDRESS _____

TELEPHONE _____ DATE CONTRACT BEGINS _____

THE MONTHLY RATE IS $4,440.00.
Payable Upon Admission:

Pro-rated Monthly Fees (Payable in advance and non-refundable) for _____ days at $145.97 per day:	$_____
One Month's Fees for Month Following Admission	$ 4,440.00
Admission and Orientation Fee (Non-Refundable)	
Business Hours - $1,850	
Evenings, Weekends & Holidays - $2,000	$_____
Participant Expense Account Deposit	$ 250.00
Move In Packet (Non-refundable)	$ 235.00
Application Fee (Non-Refundable)	$ 50.00
CEDU Basic Workshop (Non Refundable Deposit)	$ 275.00
TOTAL AMOUNT DUE UPON ADMISSION	$_____
TOTAL AMOUNT PAID	$_____

PARENT OR GUARDIAN AGREES:

1. To pay monthly fees and any additional charges each and every month, in advance. No portion of the monthly fee is refundable.
2. To provide proof of medical insurance coverage for the participant.
3. To pay for all medical and/or dental expenses incurred on behalf of the participant, including prescribed medications and laboratory tests.
4. To pay all other personal expenses as incurred.

CEDU SCHOOL AGREES:

1. To provide the CEDU School program.
2. To furnish room and board.
3. To arrange vacations, holidays, and visits.
4. To give thirty-day written notice before changing the monthly fees.
5. To apply the participant Expense Account Deposit against any unpaid charges after participant's program completion. The balance of the participant Expense Account Deposit will be refunded forty-five (45) days after the participant's program completion.

PAYMENT SCHEDULE AND ADDITIONAL TERMS

s are due and payable in advance on the last calendar day of each and every month for the following month. No portion of the nthly fee is refundable. Participant expenses are billed after they are incurred and will be set forth on the monthly statement. All fees e subject to late charges and will be considered delinquent if not received according to the above schedule. Late charges will be curred at the periodic rate of 1.5% per month (annual percentage rate of 18%). The undersigned agree to pay reasonable attorney fees id all other costs and expenses which may be incurred by CEDU School in the enforcement of payment of this contract.

_____

_____

Parent(s)/Guardian(s) hereby voluntarily release and discharge CEDU School, Inc., its affiliated entities, and its officers, directors, shareholders, employees, attorneys, and agents, from any and all claims, demands, actions, suits or proceedings which such parent(s) or guardian(s), the participant, or any other parent, relative, or next of kin of the participant, may have for any and all injuries, damages, and expenses, including but not limited to all personal injuries and illnesses and all damages to personal and real property, caused by, arising out of, or otherwise related to the participant's admittance at CEDU School, the running away, and/or the participation in any activity or program conducted by or on behalf of CEDU School.

The information submitted for admission, including but not limited to, application forms, medical history, and physical examination are a part of this agreement and any misrepresentation or omission made on said forms may result, at the option of CEDU School Inc., in the dismissal of the participant. Further, parent(s)/guardian(s) will be responsible for and assume all liability relating to any matters that occur as a result of any misrepresentation or omission.

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CEDU School, Inc. makes no guarantees or warranties, expressed or implied, to the parent(s)/guardian(s) or participant that services provided will be successful to any degree for the participant.

This contract contains the entire agreement of the parties hereto, and no agreement or promise that is not contained in this contract, made by any party, employee, or agent of any party shall be valid or binding.

This agreement shall be deemed to have been entered into in the State of California and all questions of the validity, interpretation or performance of any of its terms or any rights or obligations of the parties to this agreement shall be governed by California law. Any controversy between the parties arising out of this contract or any breach thereof and which the parties do not properly adjust and determine to the satisfaction of the parties hereto shall be submitted to binding arbitration of the American Arbitration Association in Los Angeles County, California in accordance with the rules of the American Arbitration Association and the prevailing party shall be entitled to reasonable costs and attorney fees. Judgments on the award rendered in arbitration may be entered in any court having jurisdiction thereof.

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The person(s) signing this agreement acknowledge that they are responsible for all fees incurred on behalf of the participant.

DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	CEDU SCHOOL	

Rev 1/97

CEDU SCHOOL, INC.
CEDU MIDDLE SCHOOL
Running Springs, California

PARTICIPANT ADMISSION CONTRACT

NAME OF PARTICIPANT: _____

NAME OF PARENT(s)/GUARDIAN(s) _____

_____

BILLING ADDRESS _____

TELEPHONE _____ DATE CONTRACT BEGINS _____

THE MONTHLY RATE IS $4,600.00.
Payable Upon Admission:

Pro-rated Monthly Fees (Payable in advance and non-refundable) for _____ days at $151.23 per day:	$_____
One Month's Fees for Month Following Admission	$ 4,600.00
Admission and Orientation Fee (Non-Refundable)	
Business Hours $1,850	
Evenings, Weekends & Holidays -$2,000	$_____
Participant Expense Account Deposit	$ 250.00
Move In Packet (Non-refundable)	$ 235.00
Application Fee (Non-Refundable)	$ 50.00
CEDU Basic Workshop (Non Refundable Deposit)	$ 275.00
TOTAL AMOUNT DUE UPON ADMISSION	$_____
TOTAL AMOUNT PAID	$_____

PARENT OR GUARDIAN AGREES:

1. To pay monthly fees and any additional charges each and every month, in advance. No portion of the monthly fee is refundable.
2. To provide proof of medical insurance coverage for the participant.
3. To pay for all medical and/or dental expenses incurred on behalf of the participant, including prescribed medications and laboratory tests.
4. To pay all other personal expenses as incurred.

CEDU SCHOOL AGREES:

1. To provide the CEDU School program.
2. To furnish room and board.
3. To arrange vacations, holidays, and visits.
4. To give thirty-day written notice before changing the monthly fees.
5. To apply the participant Expense Account Deposit against any unpaid charges after participant's program completion. The balance of the participant Expense Account Deposit will be refunded forty-five (45) days after the participant's program completion.

PAYMENT SCHEDULE AND ADDITIONAL TERMS

Fees are due and payable in advance on the last calendar day of each and every month for the following month. No portion of the monthly fee is refundable. Participant expenses are billed after they are incurred and will be set forth on the monthly statement. All fees are subject to late charges and will be considered delinquent if not received according to the above schedule. Late charges will be incurred at the periodic rate of 1.5% per month (annual percentage rate of 18%). The undersigned agree to pay reasonable attorney fees and all other costs and expenses which may be incurred by CEDU School in the enforcement of payment of this contract.

Parent(s)/Guardian(s) hereby voluntarily release and discharge CEDU School, Inc., its affiliated entities, and its officers, directors, shareholders, employees, attorneys, and agents, from any and all claims, demands, actions, suits or proceedings which such parent(s) or guardian(s), the participant, or any other parent, relative, or next of kin of the participant, may have for any and all injuries, damages, and expenses, including but not limited to all personal injuries and illnesses and all damages to personal and real property, caused by, arising out of, or otherwise related to the participant's admittance at CEDU School, the running away, and/or the participation in any activity or program conducted by or on behalf of CEDU School.

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DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	CEDU SCHOOL	

CEDU SCHOOL, INC.
Running Springs, California

PARTICIPANT ADMISSION CONTRACT

NAME OF PARTICIPANT: _____

NAME OF PARENT(s)/GUARDIAN(s) _____

_____

BILLING ADDRESS _____

TELEPHONE _____ DATE CONTRACT BEGINS _____

THE MONTHLY RATE IS $4,440.00.
Payable Upon Admission:

Pro-rated Monthly Fees (Payable in advance and non-refundable) for _____ days at $145.97 per day:	$_____
One Month's Fees for Month Following Admission	$ 4,440.00
Admission and Orientation Fee (Non-Refundable)	
Business Hours - $1,850	
Evenings, Weekends & Holidays - $2,000	$_____
Participant Expense Account Deposit	$ 250.00
Move In Packet (Non-refundable)	$ 235.00
Application Fee (Non-Refundable)	$ 50.00
CEDU Basic Workshop (Non Refundable Deposit)	$ 275.00

TOTAL AMOUNT DUE UPON ADMISSION $_____

TOTAL AMOUNT PAID $_____

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4. To pay all other personal expenses as incurred.

CEDU SCHOOL AGREES:

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2. To furnish room and board.
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4. To give thirty-day written notice before changing the monthly fees.
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Rev 1/97

_____
Initial(s)

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DATE	CEDU SCHOOL	

Rev 1/97

CEDU SCHOOL, INC.
CEDU MIDDLE SCHOOL
Running Springs, California

PARTICIPANT ADMISSION CONTRACT

NAME OF PARTICIPANT: _____

NAME OF PARENT(s)/GUARDIAN(s) _____

_____

BILLING ADDRESS _____

TELEPHONE _____ DATE CONTRACT BEGINS _____

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Payable Upon Admission:

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Rev 1/97

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DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	PARENT/GUARDIAN	RELATIONSHIP TO PARTICIPANT
DATE	CEDU SCHOOL	

CEDU

AUTHORIZATION TO RELEASE
LEGAL / MEDICAL / PSYCHIATRIC / ALCOHOL AND/OR DRUG INFORMATION

Date: _____ Patient/Client: _____ DOB: _____

TO: (Provider): _____

_____

_____

_____

I, _____, hereby authorize the above named facility to release records including any information related to medical, surgical, psychological, social, psychiatric and/or substance abuse, diagnosis, treatments, prognosis, counseling, court or legal proceedings, and/or therapy therein contained. Please direct the information to:

CEDU SCHOOL • P.O. Box 1176 • Running Springs, CA 92382 • 714/867-2722 • Fax: 714/867-9483

Attention of: _____

I specifically need the following information released:

- ☐ Discharge Summary
- ☐ Psychiatric Evaluation
- ☐ Psychological Testing
- ☐ Immunization Records
- ☐ Physician Progress Notes
- ☐ Operative Report
- ☐ History and Physical Examination
- ☐ Other: _____
- ☐ Court Records
- ☐ Probation Records
- ☐ Adoption Records
- ☐ Laboratory / Radiological Reports
- ☐ Physician Orders
- ☐ Medication Records
- ☐ Consultation Reports

This information is needed for the following purpose(s):

- ☐ Continued Care
- ☐ Other: _____

This authorization is good for a period of one (1) year from the date signed at which time it will become null and void. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. I understand that the revocation must be in writing.

Patient/Client: _____ DOB: _____

_____ _____
PATIENT / CLIENT SIGNATURE (Not necessary for minors) Date

_____ _____
PARENT / AUTHORIZED REPRESENTATIVE Date

APPLICATION

CEDU FAMILY OF SERVICES

CEDU High School

Rocky Mountain Academy

CEDU Middle School

Ascent

Boulder Creek Academy

Northwest Academy

CEDU Educational Services

CHECKLIST

BEFORE MAILING APPLICATION, PLEASE MAKE SURE THAT YOU:

- ☐ INCLUDE A CHECK FOR $50.00
- ☐ INCLUDE A RECENT PHOTO OF YOUR CHILD
- ☐ ATTACH A COPY OF ANY CUSTODY AGREEMENTS OR COURT DOCUMENTS REGARDING YOUR CHILD
- ☐ PROVIDE INSURANCE INFORMATION, INCLUDING COPIES OF INSURANCE CARD(S) (FRONT AND BACK)
- ☐ PROVIDE ALL INFORMATION REGARDING PRESCRIPTIONS THE APPLICANT IS TAKING
- ☐ RETURN APPLICATION WITH PHYSICAL EXAMINATION INFORMATION FILLED OUT BY A PHYSICIAN
- ☐ SIGN AND INITIAL ALL RELEASES AND CONSENTS

FOR INTERNAL USE ONLY

ADMISSIONS COUNSELOR _____ DATE RECEIVED _____

PROGRAM SEQUENCE _____

PRIMARY REFERRAL SOURCE _____

CEDU Family of Services

Application for Admission

Ascent • Boulder Creek Academy • Cedu High School • Cedu Middle School • Northwest Academy • Rocky Mountain Academy

APPLICATION FEE OF $50.00 MUST ACCOMPANY APPLICATION • PLEASE PRINT OR TYPE

Applicant Information

Applicant Name _____ (Last) _____ (First) _____ (Middle) Male ____ Female ____

Address _____

Telephone (____)_____ Social Security No. _____ Birth Date _____

Birthplace _____ Was applicant adopted? ____ Yes ____ No Age adopted ____

Custodial Parent Name(s) (Please Print) _____

Eye Color _____ Hair Color _____ Height _____ Weight _____

Shoe size _____ Pant Size _____ (L____", W____") Shirt: Sm____ Med____ Lg____ Xl ____

Who referred you to us? _____

(Please attach current photo of the applicant to this application)

Professional Referral Information

I/We hereby ____ authorize/____ do not authorize CEDU Family of Services to release information regarding the progress of _____ (Name of Applicant) to the professional named below.

Please list any educational consultant, psychiatrist, psychologist or other reffering professional that may monitor the applicant's progress.

Name _____ Title _____

Address _____

Telephone (____)_____ Fax (____)_____

Professional relationship to applicant _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

In case of an emergency and parents cannot be reached:

Name _____ Relationship _____

Telephone Home (____)_____ Work (____)_____ Fax (____)_____

Name _____ Relationship _____

Telephone Home (____)_____ Work (____)_____ Fax (____)_____

Financial Sponsor Information

Is there a financial sponsor other than parents? ____ Yes ____ No

Name _____ Relationship _____

Telephone Home (____)_____ Work (____)_____ Fax (____)_____

The Schools and Programs of the CEDU Family of Services are independent, non-denominational and do not discriminate on the basis of race, religion, sex, color, ethnic origin or sexual orientation.

120896

FAMILY INFORMATION

ARE PARENTS DIVORCED? ____ YES ____ NO IF YES, WHO HAS LEGAL CUSTODY? _____

YOU MUST SUBMIT A COPY OF COURT ORDER RELATING TO CUSTODY WITH THIS APPLICATION.

PARENT/GUARDIAN INFORMATION

PLEASE PROVIDE AS MUCH INFORMATION FOR PARENTS/GUARDIANS AS POSSIBLE.

FATHER'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE HOME (____)_____ WORK (____)_____ FAX (____)_____

BUSINESS ADDRESS _____

OCCUPATION AND TITLE _____

EDUCATION HIGHEST GRADE COMPLETED _____ GRADUATED COLLEGE? ____

DEGREE EARNED _____ MAJOR _____

MOTHER'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE HOME (____)_____ WORK (____)_____ FAX (____)_____

BUSINESS ADDRESS _____

OCCUPATION AND TITLE _____

EDUCATION HIGHEST GRADE COMPLETED _____ GRADUATED COLLEGE? ____

DEGREE EARNED _____ MAJOR _____

STEP-FATHER'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE HOME (____)_____ WORK (____)_____ FAX (____)_____

BUSINESS ADDRESS _____

OCCUPATION AND TITLE _____

EDUCATION HIGHEST GRADE COMPLETED _____ GRADUATED COLLEGE? ____

DEGREE EARNED _____ MAJOR _____

STEP-MOTHER'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE HOME (____)_____ WORK (____)_____ FAX (____)_____

BUSINESS ADDRESS _____

OCCUPATION AND TITLE _____

EDUCATION HIGHEST GRADE COMPLETED _____ GRADUATED COLLEGE? ____

DEGREE EARNED _____ MAJOR _____

GUARDIAN/CUSTODIAN'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE HOME (___) _____ WORK (___) _____ FAX (___) _____

BUSINESS ADDRESS _____

OCCUPATION AND TITLE _____

EDUCATION HIGHEST GRADE COMPLETED _____ GRADUATED COLLEGE? ____

DEGREE EARNED _____ MAJOR _____

SIBLING(S) - IN-HOME

LIST ALL BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS OF THE APPLICANT, LIVING WITH THE APPLICANT. (USE A SEPARATE SHEET IF NECESSARY.)

NAME	SEX	BIRTH DATE	BIOLOGICAL/ADOPTED/BY MARRIAGE

SIBLING(S) - NOT-IN-HOME

LIST ALL BROTHERS, SISTERS, STEP-BROTHERS, AND STEP-SISTERS OF THE APPLICANT, NOT LIVING WITH THE APPLICANT. (USE A SEPARATE SHEET IF NECESSARY.)

NAME	SEX	BIRTH DATE	BIOLOGICAL/ADOPTED/BY MARRIAGE

ADDITIONAL COMMENTS:

PLEASE PROVIDE ANY INFORMATION ABOUT YOUR FAMILY THAT WOULD BE HELPFUL IN ASSESSING THE APPLICANT'S NEEDS.

APPLICANT HISTORY

COUNSELING/THERAPY

PLEASE LIST ALL COUNSELORS/THERAPISTS WHO HAVE TREATED THE APPLICANT. (USE SEPARATE SHEET IF NECESSARY.)

NAME _____ AGE SEEN _____

ADDRESS _____

TELEPHONE (___) _____ FAX (___) _____

NATURE OF SERVICE _____

_____

NAME _____ AGE SEEN _____

ADDRESS _____

TELEPHONE (___) _____ FAX (___) _____

NATURE OF SERVICE _____

_____

NAME _____ AGE SEEN _____

ADDRESS _____

TELEPHONE (___) _____ FAX (___) _____

NATURE OF SERVICE _____

_____

I/WE HEREBY GIVE CONSENT FOR CEDU FAMILY OF SERVICES FACULTY AND STAFF TO CONFER WITH THE ABOVE NAMED PROFESSIONAL(S) IN REGARDS TO _____.
NAME OF APPLICANT

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLACEMENT (IF APPLICABLE)

PLEASE LIST PLACEMENT OUTSIDE THE HOME: BOARDING SCHOOLS, FOSTER HOMES, HOSPITALS, ETC. (USE SEPARATE SHEET IF NECESSARY.)

LOCATION _____ DATES _____

REASON FOR CHANGE _____

_____

LOCATION _____ DATES _____

REASON FOR CHANGE _____

_____

LOCATION _____ DATES _____

REASON FOR CHANGE _____

_____

PROBATION (IF APPLICABLE)

PROBATION OFFICER'S NAME _____

ADDRESS _____

TELEPHONE (___)_____ FAX (___)_____

IS THE APPLICANT CURRENTLY ON PROBATION? ___ YES ___ NO

REASON FOR PROBATION/DATES _____

_____

_____

_____

_____

MAY WE CONTACT THE ABOVE-NAMED PROBATION OFFICER? ___ YES ___ NO PLEASE INITIAL _____

APPLICANT EDUCATIONAL INFORMATION

HIGHEST GRADE COMPLETED ____ SCHOOL _____

GRADUATED? ____ DATE _____

COLLEGE? _____ TRADE? _____ TECHNICAL? _____

PLEASE LIST ANY ACADEMIC DIFFICULTIES/SPECIAL CIRCUMSTANCES THE APPLICANT HAS. _____

_____

_____

PLEASE DESCRIBE ANY SPECIAL PROGRAMS THE APPLICANT HAS BEEN INVOLVED IN, INCLUDING TUTORING, SPECIAL CLASSES, FOREIGN STUDY, ETC. _____

_____

EDUCATIONAL CONSULTANT _____

ADDRESS _____

TELEPHONE (___)_____ FAX (___)_____

MAY WE CONTACT THE ABOVE-NAMED CONSULTANT? ___ YES ___ NO PLEASE INITIAL _____

PARENTAL ASSESSMENT OF APPLICANT

THE FOLLOWING QUESTIONS ARE DESIGNED TO ASSIST US IN EFFECTIVELY WORKING WITH YOUR FAMILY. PLEASE TAKE A FEW MOMENTS TO ANSWER THEM COMPLETELY. (USE SEPARATE SHEET IF NECESSARY.)

DESCRIBE THE APPLICANT'S CURRENT BEHAVIOR AT HOME. _____

EXPLANATION FOR THIS BEHAVIOR (YOUR OPINION) _____

HOW LONG HAS THIS BEHAVIOR PERSISTED? _____

BRIEFLY DESCRIBE THE FAMILY HISTORY THAT IS PERTINENT TO THE APPLICANT'S BEHAVIOR. _____

DESCRIBE THE APPLICANT'S RELATIONSHIPS WITH FAMILY MEMBERS. _____

HOW LONG HAS THIS BEHAVIOR PERSISTED? _____

DESCRIBE THE APPLICANT'S RELATIONSHIPS AND COMMUNICATION WITH BIOLOGICAL PARENTS (IF APPLICANT IS NOT LIVING WITH BIOLOGICAL PARENTS).

DESCRIBE THE APPLICANT'S ATTITUDE TOWARD–AND PERFORMANCE IN–SCHOOL, INCLUDING CURRENT AND PRIOR SCHOOLS.

HOW LONG HAS THIS BEHAVIOR PERSISTED?

DESCRIBE ANY TRAUMATIC EVENTS OR MAJOR CHANGES IN THE APPLICANT'S LIFE.

DESCRIBE YOUR PERCEPTIONS OF THE APPLICANT'S GOALS, MOTIVATIONS AND VALUES.

DESCRIBE THE APPLICANT'S FRIENDS AND RELATIONSHIPS WITH PEERS.

DESCRIBE THE APPLICANT'S WILLINGNESS TO ACCEPT RESPONSIBILITY.

DESCRIBE THE APPLICANT'S METHODS FOR EXPRESSING ANGER.

DESCRIBE YOUR GOALS FOR THE APPLICANT.

LIST THE APPLICANT'S POSITIVE QUALITIES, INTERESTS AND ACCOMPLISHMENTS.

DESCRIBE YOUR GOALS/EXPECTATIONS FOR YOUR PARTNERSHIP WITH THE SCHOOL/PROGRAM.

DESCRIBE YOUR GOALS/EXPECTATIONS FOR THE APPLICANT AFTER COMPLETION OF THE SCHOOL/PROGRAM.

HAS THE APPLICANT EVER EXPERIENCED OR EXHIBITED ANY OF THE FOLLOWING?
IF YES, PLEASE PROVIDE SPECIFIC DETAILS.

BEEN HELD BACK A GRADE, EXPELLED OR WITHDRAWN FROM SCHOOL? _____

ARSON? _____

DRUG AND/OR ALCOHOL USE? (DESCRIBE TYPE, IF KNOWN, AND DEGREE—EXPERIMENTAL, MODERATE, HEAVY.) _____

SUICIDE DISCUSSION, THREAT OR ATTEMPT? _____

ASSAULT/AGGRESSIVE BEHAVIOR? _____

POLICE INTERVENTION? _____

RUNNING AWAY? _____

EATING DISORDER? _____

SELF-ABUSIVE BEHAVIOR? _____

SEXUAL ACTIVITY? _____

PHYSICAL/SEXUAL ABUSE? WITNESS TO THIS ABUSE? _____

PLEASE LIST ANY ADDITIONAL COMMENTS REGARDING THE APPLICANT'S BEHAVIOR. _____

APPLICANT MEDICAL HISTORY

THIS SECTION IS TO BE COMPLETED BY A PARENT OR GUARDIAN.

LIST ANY CURRENT OR PREVIOUS HEALTH PROBLEMS AFFECTING THE APPLICANT. _____

_____

_____

_____

_____

_____

IS THE APPLICANT CURRENTLY ON ANY MEDICATIONS? ____ YES ____ NO

IF YES, PLEASE LIST MEDICATIONS AND DOSAGE. _____

_____

_____

_____

PHYSICIAN'S NAME _____

ADDRESS _____

TELEPHONE (____)_____ FAX (____)_____

DATE OF LAST PHYSICAL EXAM _____

DOES THE APPLICANT WEAR GLASSES OR CONTACTS? ____ YES ____ NO (IF SO, ATTACH PRESCRIPTION.)

DUE TO OUTDOOR CONDITIONS, ASCENT REQUIRES THAT PARTICIPANTS WEAR GLASSES ONLY.

OPTOMETRISTS/OPTHAMOLOGIST'S NAME _____

ADDRESS _____

TELEPHONE (____)_____ FAX (____)_____

DATE OF LAST EYE EXAM _____

DOES THE APPLICANT WEAR DENTURES, BRACES OR RETAINERS? ____ YES ____ NO

IF YES, PLEASE DESCRIBE. _____

DENTIST'S NAME _____

ADDRESS _____

TELEPHONE (____)_____ FAX (____)_____

DATE OF LAST DENTAL EXAM _____

ORTHODONTIST'S NAME _____

ADDRESS _____

TELEPHONE (____)_____ FAX (____)_____

DATE OF LAST ORTHODONTIC EXAM _____

PLEASE LIST ANY ADDITIONAL HEALTHCARE PROVIDERS.

NAME _____

ADDRESS _____

TELEPHONE (___)_____ FAX (___)_____

DATE OF LAST EXAM _____

NAME _____

ADDRESS _____

TELEPHONE (___)_____ FAX (___)_____

DATE OF LAST EXAM _____

HAS THE APPLICANT EVER BEEN HOSPITALIZED? ___ YES ___ NO

REASON _____

DATE _____ HOSPITAL _____

ATTENDING PHYSICIAN _____

HAS THE APPLICANT EVER HAD SURGERY? ___ YES ___ NO

REASON _____

DATE _____ HOSPITAL _____

ATTENDING PHYSICIAN _____

HAS THE APPLICANT EVER BEEN INVOLVED IN AN ACCIDENT? ___ YES ___ NO

INJURIES _____

DATE _____ HOSPITAL _____

ATTENDING PHYSICIAN _____

HAS THE APPLICANT EVER BROKEN A BONE? ___ YES ___ NO

PLEASE DESCRIBE _____

DATE _____ HOSPITAL _____

ATTENDING PHYSICIAN _____

IS THE APPLICANT ALLERGIC TO ANY OF THE FOLLOWING?

____ PENICILLIN ____ SULFA DRUGS ____ IODINE ____ ASPIRIN

____ OTHER DRUGS (DESCRIBE) _____

____ BEE/WASP STING ____ SHELLFISH____ HORNET OR OTHER INSECT

____ FOOD OR OTHER ALLERGIES (DESCRIBE) _____

____ OTHER REACTIONS (HIVES, HAYFEVER, ECZEMA, ASTHMA, ETC.) _____

_____

_____

HAS THE APPLICANT EXPERIENCED ANY OF THE FOLLOWING? (PLEASE LIST AGE OF OCCURRENCE NEXT TO CONDITION.)

____ BED WETTING ____ NAILBITING ____ NIGHTMARES

____ STUTTERING ____ HEADBANGING ____ TICS

____ OTHER (EXPLAIN) _____

LIST AND EXPLAIN ANY EXCESSIVE FEARS THE APPLICANT HAS HAD (DARKNESS, THUNDER, DEATH, ETC.) AND AT WHAT AGE THESE FEARS WERE EXPERIENCED. _____

HAS THE APPLICANT BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? (PLEASE LIST AGE OF OCCURRENCE NEXT TO CONDITION.)

____ ANEMIA	____ ANOREXIA/BULIMIA	____ ARTHRITIS
____ BLADDER OR KIDNEY INFECTION	____ BONE CONDITION	____ CHICKEN POX
____ CONSTIPATION	____ CONVULSIONS OR SEIZURES	____ DERMATITIS
____ DIABETES	____ DIARRHEA	____ EPILEPSY
____ FREQUENT COLDS/SORE THROATS	____ FREQUENT EAR INFECTIONS	____ GERMAN MEASLES
____ HEART DISORDER	____ HEPATITIS	____ HIV POSITIVE
____ HIGH BLOOD PRESSURE	____ MENINGITIS, ENCEPHALITIS	____ MONONUCLEOSIS
____ MUMPS	____ MUSCLE WEAKNESS	____ OBESITY
____ PNEUMONIA, BRONCHITIS	____ POLIO	____ RED MEASLES
____ RHEUMATIC FEVER	____ SEXUALLY TRANSMITTED DISEASE (HERPES, GONORRHEA, SYPHILIS)	
____ SCARLET FEVER	____ SCLEROSIS	____ SCOLIOSIS
____ ULCERS	____ WHOOPING COUGH	

____ OTHER (DESCRIBE) _____

PLEASE LIST MEDICATION HISTORY. _____

120896

HAVE ANY OF THE APPLICANT'S CLOSE RELATIVES EVER HAD ANY OF THE FOLLOWING CONDITIONS?

CONDITION	YES	NO	RELATION TO APPLICANT
MENTAL DISORDERS	___	___	_____
TUBERCULOSIS	___	___	_____
BLEEDING DISORDER	___	___	_____
EPILEPSY OR CONVULSIONS	___	___	_____
CARDIOVASCULAR DISEASE	___	___	_____
DIABETES	___	___	_____
KIDNEY DISEASE	___	___	_____
CANCER	___	___	_____
HIGH BLOOD PRESSURE	___	___	_____
MUSCLE DISORDER	___	___	_____

ANY OTHER FAMILIAL ILLNESS: (DESCRIBE) _____

_____

_____

PLEASE LIST ANY OTHER PERTINENT MEDICAL INFORMATION NOT PREVIOUSLY LISTED AND ANY OTHER IMPORTANT INFORMATION RELATING TO THE HEALTH HISTORY OF THE APPLICANT: _____

_____

_____

_____

I/WE HEREBY GIVE CONSENT FOR CEDU FAMILY OF SERVICES FACULTY AND STAFF TO CONFER WITH ALL INDIVIDUALS NAMED IN THIS APPLICATION REGARDING THE APPLICANT'S PERSONAL AND MEDICAL HISTORY. TO THE BEST OF MY/OUR KNOWLEDGE, THIS FORM REPRESENTS ALL KNOWN PERSONAL AND MEDICAL INFORMATION OF THE APPLICANT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CONSENT TO OBTAIN PHYSICAL EXAMINATION

I/WE HEREBY AUTHORIZE AND CONSENT TO A PHYSICAL EXAMINATION TO BE GIVEN TO _____, AS
NAME OF APPLICANT
REQUIRED UPON ADMISSION AND ON AN ANNUAL BASIS, TO THE CEDU FAMILY OF SERVICES.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

INSURANCE INFORMATION

PROOF OF MEDICAL AND DENTAL INSURANCE MUST BE PROVIDED IN THE SPACES BELOW PRIOR TO OR UPON APPLICANT ENROLLMENT.

MEDICAL INSURANCE

INSURANCE COMPANY _____

ADDRESS _____

_____

TELEPHONE (____)_____ FAX (____)_____

POLICY HOLDER _____ POLICY HOLDER SOCIAL SECURITY NO _____

POLICY NUMBER _____ GROUP NUMBER (IF APPLICABLE) _____

EMPLOYER (IF GROUP POLICY) _____

COVERAGE (EMERGENCY, PREVENTATIVE, COSMETIC, ETC.) _____

PHARMACY CARD NUMBER _____ PHARMACY DEDUCTIBLE _____

DO YOU WANT YOUR INSURANCE VERIFIED FOR POSSIBLE INPATIENT COVERAGE? ____ YES ____ NO

DENTAL INSURANCE

INSURANCE COMPANY _____

ADDRESS _____

_____

TELEPHONE (____)_____ FAX (____)_____

POLICY HOLDER _____ POLICY HOLDER SOCIAL SECURITY NO _____

POLICY NUMBER _____ GROUP NUMBER (IF APPLICABLE) _____

EMPLOYER (IF GROUP POLICY) _____

COVERAGE (OUTPATIENT, MAJOR MEDICAL, HOSPITAL) _____

PHARMACY CARD NUMBER _____ PHARMACY DEDUCTIBLE _____

PLEASE PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR MEDICAL AND DENTAL INSURANCE CARDS.

RELEASE OF MEDICAL INSURANCE INFORMATION

I/WE HEREBY AUTHORIZE THE RELEASE OF ANY MEDICAL INSURANCE INFORMATION NECESSARY TO PROCESS ANY INSURANCE CLAIMS REGARDING _____
NAME OF APPLICANT

TO THE CEDU FAMILY OF SERVICES, I ALSO REQUEST PAYMENT OF BENEFITS TO CEDU EDUCATIONAL SERVICES, INC., THE PARTY WHO PROVIDES SERVICES AND ACCEPTS ASSIGNMENT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CONSENT TO EXAMINATION, TREATMENT AND RELEASE OF INFORMATION

APPLICANT NAME _____ BIRTH DATE _____

I/WE HEREBY AUTHORIZE AND CONSENT TO ANY X-RAY, EXAMINATION, ANESTHETIC, INOCULATION, VACCINATION, MEDICAL OR SURGICAL DIAGNOSIS, OR TREATMENT AND HOSPITAL CARE FOR THE ABOVE NAMED MINOR UNDER GENERAL OR SPECIAL SUPERVISION AND UPON THE ADVICE OF A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN SUCH STATE WHERE SERVICES ARE RENDERED. I/WE HEREBY CONSENT TO X-RAY EXAMINATION, ANESTHETIC, DENTAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE TO BE RENDERED TO SAID MINOR BY A DENTIST LICENSED TO PRACTICE DENTISTRY IN SUCH STATE WHERE THE SERVICES ARE RENDERED.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT CONSENT TO TREATMENT

I/WE HEREBY AUTHORIZE CEDU FAMILY OF SERVICES TO REFER _____ (NAME OF APPLICANT) TO CEDU PROFESSIONAL SERVICES, IN THE EVENT HE/SHE IS IN NEED OF PSYCHOLOGICAL SERVICES.

PAYMENT FOR SERVICES RENDERED BY CEDU PROFESSIONAL SERVICES WILL BE MADE BY THE UNDERSIGNED TO:

CEDU FAMILY OF SERVICES

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASE OF MEDICAL INFORMATION

I/WE HEREBY AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION REGARDING _____ (NAME OF APPLICANT) TO THE CEDU FAMILY OF SERVICES.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASE OF ADDITIONAL INFORMATION

I/WE HEREBY AUTHORIZE CEDU PSYCHOLOGICAL SERVICES TO RELEASE INFORMATION REGARDING _____ (NAME OF APPLICANT) TO THE FOLLOWING PROFESSIONAL, AND TO THE FOLLOWING PROFESSIONAL TO RELEASE INFORMATION TO CEDU PROFESSIONAL SERVICES.

PROFESSIONAL INFORMATION:

NAME _____

ADDRESS _____

_____

PHONE _____

INSURANCE COMPANY INFORMATION:

NAME _____

ADDRESS _____

_____

PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TRANSPORTATION CONSENT AND RELEASE

I/WE HEREBY AUTHORIZE THE CEDU FAMILY OF SERVICES, AT ITS SOLE DISCRETION, TO PLACE _____ NAME OF APPLICANT ON A PUBLIC CARRIER (I.E. AIRPLANE, TRAIN, BUS, ETC.) FOR THE PURPOSE OF TRANSPORTING HIM/HER TO SUCH LOCATION AS COMMUNICATED BY THE UNDERSIGNED TO CEDU FAMILY OF SERVICES.

I/WE HEREBY RELEASE AND DISCHARGE CEDU FAMILY OF SERVICES, ITS AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGEMENTS AND EXECUTIONS THE UNDERSIGNED MAY HAVE AGAINST CEDU FAMILY OF SERVICES, FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, AND INJURIES TO PROPERTY, PERSONAL OR REAL, CAUSED BY OR ARISING OUT OF THE REMOVAL AND TRANSPORTATION OF MY CHILD FROM CEDU FAMILY OF SERVICES PROGRAMS AS SET FORTH ABOVE.

I/WE, THE UNDERSIGNED, HAVE READ THIS CONSENT AND RELEASE AND UNDERSTAND ALL OF ITS TERMS. I/WE EXECUTE IT VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CONSENT FOR COMMUNICABLE DISEASE TESTING AND AUTHORIZATION FOR DISCLOSURE OF RESULTS

I/WE GIVE CONSENT FOR BLOOD TO BE TESTED FOR _____ NAME OF APPLICANT FOR MEDICAL DIAGNOSES, TREATMENT AND RELEASE OF INFORMATION. THE FOREGOING CONSENT INCLUDES, BUT IS NOT LIMITED TO, A CONSENT FOR BLOOD TO BE TESTED FOR HIV ANTIBODIES AND TESTING WITH THE WESTERN BLOT AND IFA IF NECESSARY, HEPATITIS AND SEXUALLY TRANSMITTED DISEASES.

I/WE HAVE BEEN INFORMED THAT THE HIV TEST IS NEW AND ITS ACCURACY AND RELIABILITY ARE STILL UNCERTAIN AND THAT THE TEST RESULTS MAY, IN SOME CASES, INDICATE THAT A PERSON HAS ANTIBODIES TO THE VIRUS WHEN THE PERSON DOES NOT (FALSE POSITIVE) OR FAIL TO DETECT THAT A PERSON HAS ANTIBODIES TO THE VIRUS WHEN THE PERSON HAS ANTIBODIES (FALSE NEGATIVE). I/WE ALSO HAVE BEEN INFORMED THAT A POSITIVE BLOOD TEST RESULT DOES NOT MEAN THAT PERSON BEING TESTED HAS AIDS AND THAT IN ORDER TO DIAGNOSE AIDS, OTHER MEANS MUST BE USED IN CONJUNCTION WITH THE BLOOD TEST. UNLESS I/WE GIVE FURTHER CONSENT, THE RESULTS OF THIS TEST WILL BE GIVEN ONLY TO THE FOLLOWING INDIVIDUALS AND MYSELF/OURSELVES: *PROGRAM DIRECTOR, DIRECTOR OF ADMISSIONS, DIRECTOR OF PARENT COMMUNICATIONS/FAMILY RESOURCES AND/OR DIRECTOR OF CLINICAL SERVICES/HEALTH CARE COORDINATOR.*

I/WE UNDERSTAND THAT THIS CONSENT AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION WILL REMAIN IN EFFECT FOR 30 MONTHS AFTER THE DATE BELOW AND MAY BE REVOKED BY ME/US AT ANY TIME WITHIN THAT PERIOD.

I/WE HAVE HAD A CHANCE TO ASK QUESTIONS WHICH WERE ANSWERED TO MY/OUR SATISFACTION.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(OR PATIENT SIGNATURE IF OVER 18)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

AUTHORIZATION FOR RESTRAINT/SEARCH/MEDICAL AND EMERGENCY CARE

I/WE AUTHORIZE THE FOLLOWING IN REGARDS TO _____:
NAME OF APPLICANT

(A) AUTHORIZATION FOR RESTRAINT: SPONSORS HEREBY GIVE THEIR EXPRESS AUTHORITY AND CONSENT TO CEDU FAMILY OF SERVICES PERSONNEL TO UTILIZE REASONABLE PHYSICAL FORCE TO RESTRAIN, CONTROL AND DETAIN THE PARTICIPANT FOR AND INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING PURPOSES: ESCORT TO OR FROM THE BASE CAMP OR EXPEDITION AREA; TO PREVENT THE PARTICIPANT FROM RUNNING AWAY FROM THE BASE CAMP OR EXPEDITION AREA; TO PROTECT THE PARTICIPANT, THE CEDU FAMILY OF SERVICES PERSONNEL OR OTHERS FROM PHYSICAL INJURY OR THREAT OF INJURY FROM THE PARTICIPANT.

(B) AUTHORIZATION FOR SEARCH: SPONSORS HEREBY GIVE CONSENT AND AUTHORIZE CEDU FAMILY OF SERVICES TO SEARCH THE PERSONAL EFFECTS AND PERSON OF THE PARTICIPANT. CEDU FAMILY OF SERVICES IS HEREBY AUTHORIZED TO CONFISCATE ANY AND ALL ITEMS DEEMED BY CEDU FAMILY OF SERVICES AS CONTRABAND.

(C) MEDICAL AND EMERGENCY CARE: ALL MEDICAL PERSONNEL OF ANY HOSPITAL, EMERGENCY MEDICAL SERVICE, OR OTHER APPROPRIATE MEDICAL ORGANIZATION SHALL HAVE AUTHORIZATION TO PROVIDE MEDICAL TREATMENT WHILE PARTICIPANT IS ENROLLED IN A CEDU FAMILY OF SERVICES PROGRAM. PARTICIPANTS REQUIRING MEDICATION MUST BE PRE-APPROVED BY CEDU FAMILY OF SERVICES. ALL PARTICIPANTS ON MEDICATION MUST BRING A 60-DAY SUPPLY OF PRESCRIPTIONS IN SEALED CONTAINERS. MEDICATION WILL BE ADMINISTERED BY A REGISTERED NURSE OR QUALIFIED DESIGNEE.

IN THE EVENT OF A RUNAWAY OR MEDICAL EMERGENCY, THE PROPER GOVERNMENT AUTHORITIES SHALL BE CONTACTED AND CEDU FAMILY OF SERVICES WILL ABIDE BY THEIR DECISION AS TO ANY SEARCH AND RESCUE EFFORTS, APPREHENSION AND DETENTION OF A RUNAWAY AND ANY EMERGENCY MEDICAL EVACUATION. IT IS UNDERSTOOD THAT VARIOUS GOVERNMENT ENTITIES REACT IN WIDELY VARYING WAYS AND THAT CEDU FAMILY OF SERVICES MUST OBEY THEIR DIRECTIONS IN ACCORDANCE WITH THE RULES AND REGULATIONS THAT GOVERN CEDU FAMILY OF SERVICES ON PUBLIC LANDS, AND THAT THE PARTICIPANT'S SPONSORS WILL BEAR THE COSTS AND CONSEQUENCES OF ANY DECISION BY ONE OF THESE ENTITIES.

THE SPONSOR(S) HEREBY ACKNOWLEDGE THAT THEY HAVE READ THE AGREEMENT AND UNDERSTAND AND AGREE TO ITS PROVISIONS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDIA RELEASE

I/WE GRANT PERMISSION TO CEDU FAMILY OF SERVICES TO USE _____'S PHOTOGRAPH,
NAME OF APPLICANT
AND/OR WRITTEN WORK AND/OR VOICE IN NEWSPAPERS, BROCHURES, VIDEOS OR OTHER RELATED MATERIALS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(OR APPLICANT SIGNATURE IF APPLICANT IS OVER 18)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ACADEMIC RECORDS RELEASE

IN ORDER TO DESIGN THE MOST APPROPRIATE CURRICULUM FOR YOUR CHILD, TRANSCRIPTS FROM PREVIOUS SCHOOLS ARE REQUIRED.

I/WE HEREBY GRANT PERMISSION TO RELEASE JUNIOR AND SENIOR HIGH SCHOOL TRANSCRIPTS TO CEDU FAMILY OF SERVICES FOR _____, BORN ON _____.

PERMISSION IS GRANTED TO RELEASE THE FOLLOWING SCHOOL RECORDS TO THE REGISTRAR OF THE CEDU FAMILY OF SERVICES: OFFICIAL TRANSCRIPT OF CREDIT, WITHDRAWAL GRADES, INCLUDING INCOMPLETE CLASSES, SPECIAL EDUCATION RECORDS, IEP'S, TEST DATA, HEALTH RECORDS AND COUNSELING INFORMATION AND ANY RECORDS PERTAINING TO PSYCHIATRIC OR PSYCHOLOGICAL EVALUATION OF THE APPLICANT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE LIST ALL JUNIOR AND SENIOR HIGH SCHOOLS ATTENDED (MOST RECENT FIRST) WITH COMPLETE ADDRESSES AND PHONE NUMBERS. (IF ADDITIONAL SPACE IS NEEDED PLEASE USE REVERSE SIDE).

NAME OF SCHOOL	ADDRESS	PHONE	DATES ATTENDED

PLEASE SEND ALL RECORDS TO REGISTRAR:

PARENT CONSENT TO TEST

I/WE HEREBY GIVE PERMISSION TO THE CEDU FAMILY OF SERVICES TO ADMINISTER TESTS TO _____ (NAME OF APPLICANT) WHICH ARE PERTINENT AND APPROPRIATE. THE TESTS MAY INCLUDE PSYCHOLOGICAL AND/OR ACADEMIC TESTS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

URGENT TRANSFER AGREEMENT

IN THE EVENT THAT A TEMPORARY TRANSFER OF _____ (NAME OF APPLICANT) IS DEEMED NECESSARY BY THE ADMINISTRATION OF THE CEDU FAMILY OF SERVICES, I/WE HEREBY AUTHORIZE FINANCIAL RESPONSIBILITY FOR A PERIOD NOT TO EXCEED THREE (3) DAYS BY THE FOLLOWING AGENCIES: (PLEASE INITIAL NEXT TO AUTHORIZED AGENCIES)

CEDU FAMILY OF SERVICES' CONTRACTED SAFEHOUSE _____

ASCENT _____

SOUTHERN CALIFORNIA: LOMA LINDA HOSPITAL _____

CANYON RIDGE HOSPITAL _____

MOUNTAINS COMMUNITY HOSPITAL _____

NORTH IDAHO: PINECREST HOSPITAL _____

BONNERS FERRY COMMUNITY HOSPITAL _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

URGENT SERVICES RUNAWAY AGREEMENT

IN THE EVENT THAT _____ (NAME OF APPLICANT) HAS RUN AWAY FROM A CEDU FAMILY OF SERVICES PROGRAM, I/WE HEREBY AUTHORIZE AND ACCEPT FINANCIAL RESPONSIBILITY FOR RUNAWAY SERVICES TO BE RENDERED FOR A PERIOD OF TIME NOT TO EXCEED FIVE (5) HOURS AT $50.00 PER HOUR OR $65.00 PER HOUR IF A SECOND PERSON IS REQUIRED. IF MORE TIME IS NECESSARY, FURTHER PARENTAL AUTHORIZATION IS REQUIRED.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DOCUMENT RELEASE

CEDU FAMILY OF SERVICES PROVIDES COMPREHENSIVE SERVICES BY THE FOLLOWING ENTITIES: ROCKY MOUNTAIN ACADEMY, INC., BOULDER CREEK ACADEMY, CEDU SCHOOL, INC., CEDU MIDDLE SCHOOL, ASCENT, INC., AND NORTHWEST ACADEMY, INC.

I/WE UNDERSTAND THAT IT MAY BE NECESSARY TO SHARE DOCUMENTS AND INFORMATION BETWEEN THESE ENTITIES REGARDING _____ (NAME OF APPLICANT).

I/WE HEREBY AUTHORIZE AND CONSENT TO THE RELEASE OF THE DOCUMENTS AND INFORMATION LISTED BELOW TO THE FOLLOWING: ROCKY MOUNTAIN ACADEMY, INC., BOULDER CREEK ACADEMY, CEDU SCHOOL, INC., CEDU MIDDLE SCHOOL, ASCENT, INC., AND NORTHWEST ACADEMY, INC.

APPLICATION OF ADMISSION AND/OR ALL OF ITS PARTS AND/OR SUPPLEMENTS

PHYSICAL EXAMINATION

ALL RECORDS AND RELEASES IN THE POSSESSION OF ANY CEDU FAMILY OF SERVICES ENTITY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(OR APPLICANT SIGNATURE IF APPLICANT IS OVER 18)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DISMISSAL AGREEMENT

After enrollment, every effort will be made by faculty to ensure the applicant's successful completion and graduation from CEDU Family of Services. If, during the course of enrollment, it is determined that the program cannot adequately meet the needs of the applicant, his or her parents will be notified and a plan will be developed for termination and/or transfer.

If, after consultations, it is the opinion of CEDU Family of Services faculty that the applicant's behavior jeopardizes his or her physical or emotional health and/or safety, or that of others, CEDU Family of Service reserves the right to expel the applicant without parental agreement. Parental failure to support their son's or daughter's participation either emotionally or financially can also result in dismissal of the applicant.

The decision to dismiss an applicant under the above conditions will be made by the Director of the program after consultation with the faculty and the applicant's parents. Parents retain the right to terminate the child's enrollment in CEDU Family of Services at any time.

As an applicant approaches graduation/completion from a CEDU Family of Services program, his or her parents will be notified and their participation and input sought in planning activities that will continue to enhance the applicant after graduation.

I/We have read the above Dismissal Policy and understand its implications.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PROGRAM AND ACTIVITY CONSENT AND RELEASE

In addition to academics, general athletic activities, vocational training and farm program conducted by the CEDU Family of Services entities, the following programs and activities are held both on and off the facilities: Down-hill skiing, cross-country skiing, camping, rock climbing, canoeing, rafting, horseback riding, bicycling and swimming.

I/We hereby consent to _____'s participation in all activities and programs conducted
NAME OF APPLICANT
by CEDU Family of Services entities.

I hereby voluntarily release and discharge the CEDU Family of Services, its officers, directors, shareholders, employees and agents from any and all claims, demands, actions, suits or proceedings which I, the applicant, or any other parent, relative, or next of kin of the applicant, may have for any or all injuries, damages and expenses, including, but not limited to, all personal injuries and illnesses and all damages to personal and real property, caused by, arising out of, or otherwise related to the applicant's participation in any activity or program conducted by or on behalf of the CEDU Family of Services or any of its entities.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PHYSICAL EXAMINATION

THIS PORTION OF THE APPLICATION SHOULD BE REMOVED, COMPLETED BY A PHYSICIAN, AND RETURNED WITH TEST RESULTS PRIOR TO ENROLLMENT.

A PHYSICAL EXAMINATION OF THE APPLICANT MUST HAVE BEEN COMPLETED WITHIN THIRTY (30) DAYS PRIOR TO ADMISSION. IF A PHYSICAL EXAMINATION HAS NOT BEEN COMPLETED, ONE WILL BE CONDUCTED BY A PHYSICIAN SELECTED BY THE PROGRAM WITHIN TEN (10) DAYS AFTER ADMISSION. THE PARENT/GUARDIAN WILL BE RESPONSIBLE FOR ALL COSTS RELATED TO THIS EXAMINATION.

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

I/WE ACCEPT RESPONSIBILITY FOR ALL COSTS RELATED TO THIS EXAMINATION

APPLICANT NAME _____

APPLICANT BIRTH DATE _____

PARENT/GUARDIAN NAME(S) (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DATE OF LAST EXAM _____

THIS SECTION TO BE COMPLETED BY EXAMINING PHYSICIAN

DATE OF THIS EXAM _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

HEAD _____

EYES _____

VISION RIGHT _____ LEFT _____ GLASSES/CONTACTS _____

EARS _____

WHISPER HEARING TEST _____

NOSE/THROAT _____

NECK/LYMPH _____

CHEST _____

HEART _____

ABDOMEN _____

GENITALS/HERNIA _____

NEUROLOGICAL _____

MUSCULAR SKELETAL _____

SCOLIOSIS _____

PELVIC/BREAST EXAM _____

PLEASE LIST ALL CURRENT MEDICAL PROBLEMS UNDER TREATMENT, INCLUDING ALL MEDICATIONS CURRENTLY TAKEN AND THE PRESCRIBED DOSAGE.

PLEASE NOTE ANY PHYSICAL IMPAIRMENTS WHICH WOULD LIMIT THE APPLICANT'S ABILITY TO PARTICIPATE IN ACTIVITIES.

PLEASE LIST ANY ALLERGIES THE APPLICANT HAS EXPERIENCED, INCLUDING ANY REACTIONS/MEDICATIONS.

REQUIRED LABORATORY TEST AND IMMUNIZATIONS

ALL TEST RESULTS MUST BE ATTACHED TO THIS EXAMINATION FORM UPON RETURN TO THE SCHOOL/PROGRAM.

URINALYSIS

CBC WITH DIFFERENTIAL

GLUCOSE

VIRAL HEPATITIS SCREEN (A & B)

VDRL

HIV/AIDS TEST

TUBERCULOSIS SKIN TEST (IF POSITIVE, PLEASE INDICATE DATE AND RESULT IF CHEST X-RAY)

TETANUS (WITHIN PAST 5 YEARS)

PREGNANCY TEST (FEMALES)

SEXUALLY TRANSMITTED DISEASES (IF INDICATED)

SIGNIFICANT FINDINGS/RECOMMENDATIONS

PLEASE INCLUDE A COPY OF THE APPLICANT'S IMMUNIZATION HISTORY. IF A CERTIFIED COPY IS NOT AVAILABLE, PLEASE FILL OUT THE IMMUNIZATION HISTORY CHART BELOW. **IMMUNIZATION HISTORY IS REQUIRED.**

VACCINE/TEST (IF GIVEN AS COMBINATIONS–MMR OR MR–ENTER DATE IN EACH APPROPRIATE BOX.)	DATE (1ST)	DATE (2ND)	DATE (3RD)	DATE (4TH)	DATE (5TH)
POLIO (TOPV)					
DPT AND OR TD (DIPTHERIA, PERTUSSIS, AND WHOOPING COUGH ONLY)					
MEASLES (RUBEOLA–10 DAY, RED MEASLES)					
RUBELLA (GERMAN MEASLES–3 DAY MEASLES)					
MUMPS					
TUBERCULOSIS SKIN TEST					
TETANUS					

BASED ON MY EXAMINATION AND THE APPLICANT'S MEDICAL HISTORY, THE ABOVE NAMED APPLICANT IS CLEARED FOR PARTICIPATION IN THE PROGRAMS OF THE CEDU FAMILY OF SERVICES AS FOLLOWS:

____ FULL PARTICIPATION IN ALL ACTIVITES

____ LIMITED PARTICIPATION, RESTRICTED ACTIVITIES ARE: _____

_____

_____

_____

PHYSICIAN'S NAME (PLEASE PRINT) _____

PHYSICIAN'S ADDRESS _____

TELEPHONE NUMBER (____)_____ FAX (____)_____

PHYSICIAN'S SIGNATURE _____

PLEASE ATTACH ALL TEST RESULTS TO THIS EXAMINATION FORM UPON RETURN TO CEDU FAMILY OF SERVICES.

ROUTE ONE · BONNERS FERRY · ID · 83805 · PHONE 208.267.7522 · FAX 208.267.7703
31155 OUTER HIGHWAY 18 SOUTH · P.O. BOX 595 · RUNNING SPRINGS · CA · 92382 · PHONE 909.867.7054 · FAX 909.867.7084
CEDU Family of Services · CEDU High School · Rocky Mountain Academy · CEDU Middle School
ASCENT · Boulder Creek Academy · Northwest Academy · CEDU Educational Services

CEDU Middle School

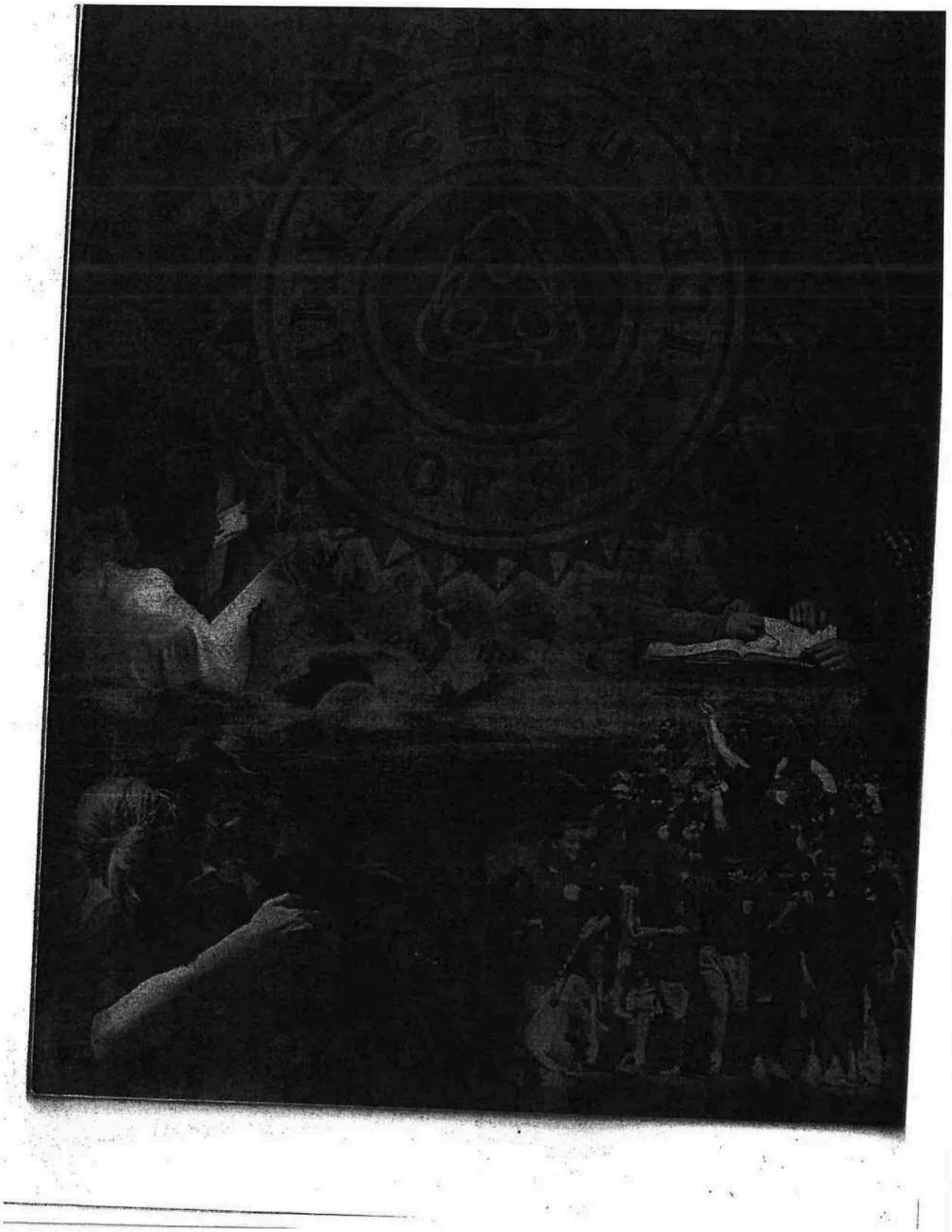


TABLE OF CONTENTS

Welcome to the CEDU Middle School

At CEDU Middle School young teens focus on emotional and behavioral issues. Self-confidence grows they experience success in a healthy environment.

For the troubled young adolescent, age 12-14, CEDU Middle School is a practical, experience-based learning program that combines an appropriate emotional growth curriculum with comprehensive academics. CEDU Middle School participants are typically academically oriented young boys and girls who experience social or emotional difficulties at home, school or with peers.

CEDU Middle School—through its innovative curriculum, staff and facilities—extends the principles of the CEDU Family of Services to those who might not otherwise have a chance to succeed as healthy adolescents.

How can CEDU Middle School help your child?

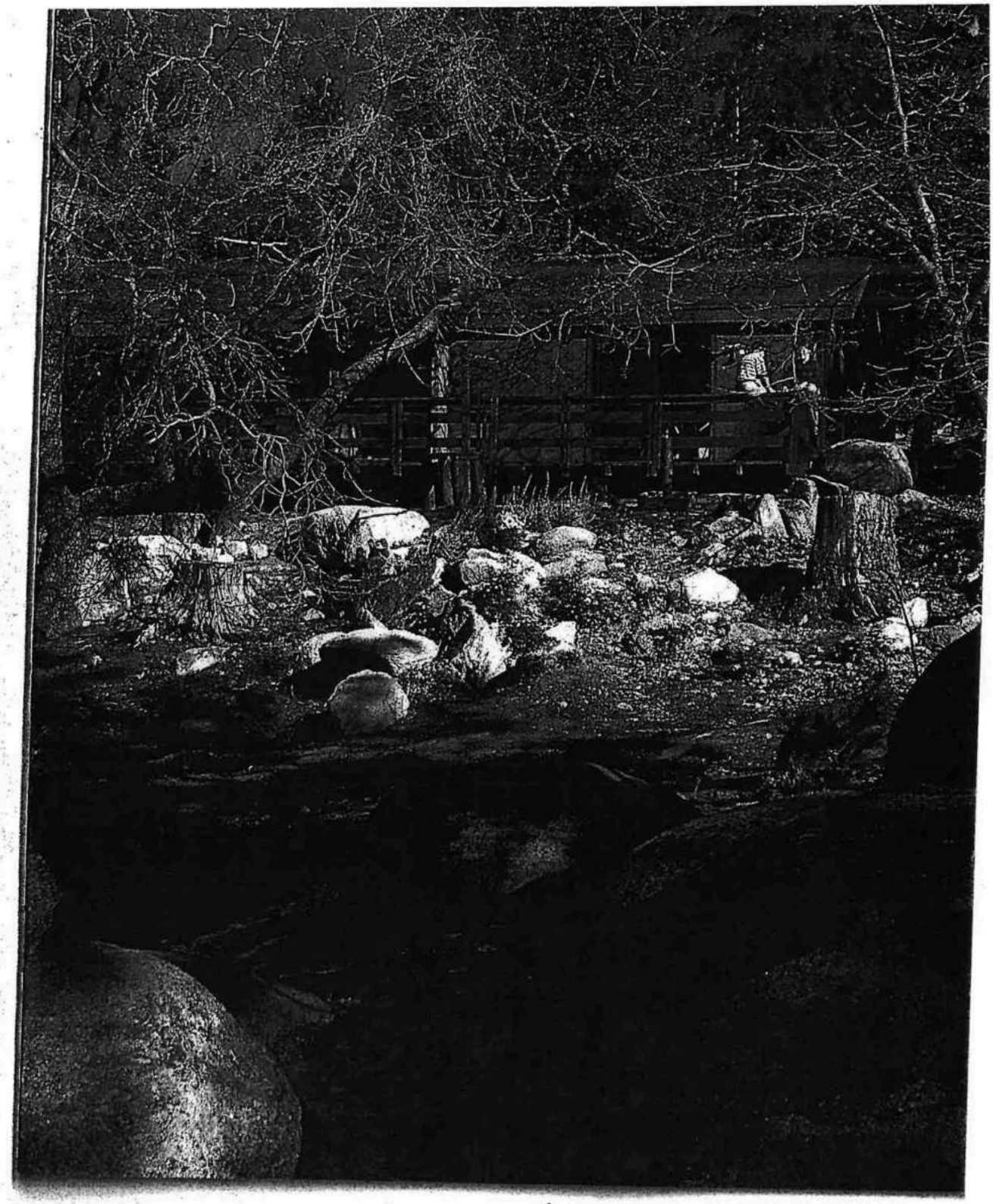
Many of the boys and girls who enroll in CEDU Middle School have experienced poor academic performance, often stemming from low self-esteem, poor choices and emotional difficulties. These problems often build upon each other.

Inappropriate behavior and poor peer and family relations usually follow. The whirling cycle of negativity gains strength with each successive failure. What started out as an isolated problem can lead to detrimental emotional and behavioral patterns.

CEDU Middle School interrupts negative behavior patterns and exam their causes. Academics and emotion growth work are integrated, offering learning experience which reaches th whole child. Assessment, coupled wi comprehensive and flexible response, keys to success.

Academics and emotional growth are combined with outdoor and leadersh curricula. Participants learn to set and complete goals. Self-confidence grows the nurturing, yet highly structured environment. CEDU Middle School's approach first stops, then changes, negative patterns that hold young peo back. CEDU Middle School facilitate series of successes which foster healthi self-esteem and provides the appropria support and boundaries that so many children need to succeed.

It is, for most children, a once-in-a-life time experience that allows them to resolve past issues, focus on behavior a emotions, and develop practical and healthy life skills.



The CEDU Middle School Philosophy

CEDU Middle School offers a safe, nurturing environment where young people learn to make fundamental connections between their actions and consequences.

CEDU Middle School is designed for young adolescents whose emotional, behavioral and academic needs have not been accommodated through traditional education. Located in the resort area of Running Springs in Southern California's San Bernardino National Forest, CEDU Middle School is located on a 76-acre campus with a natural atmosphere and attractive buildings. This environment acts as a stimulus for the therapeutic process, and provides a fitting backdrop for healing family relationships. It is a safe, predictable environment that speaks of nurturing and growth for young people.

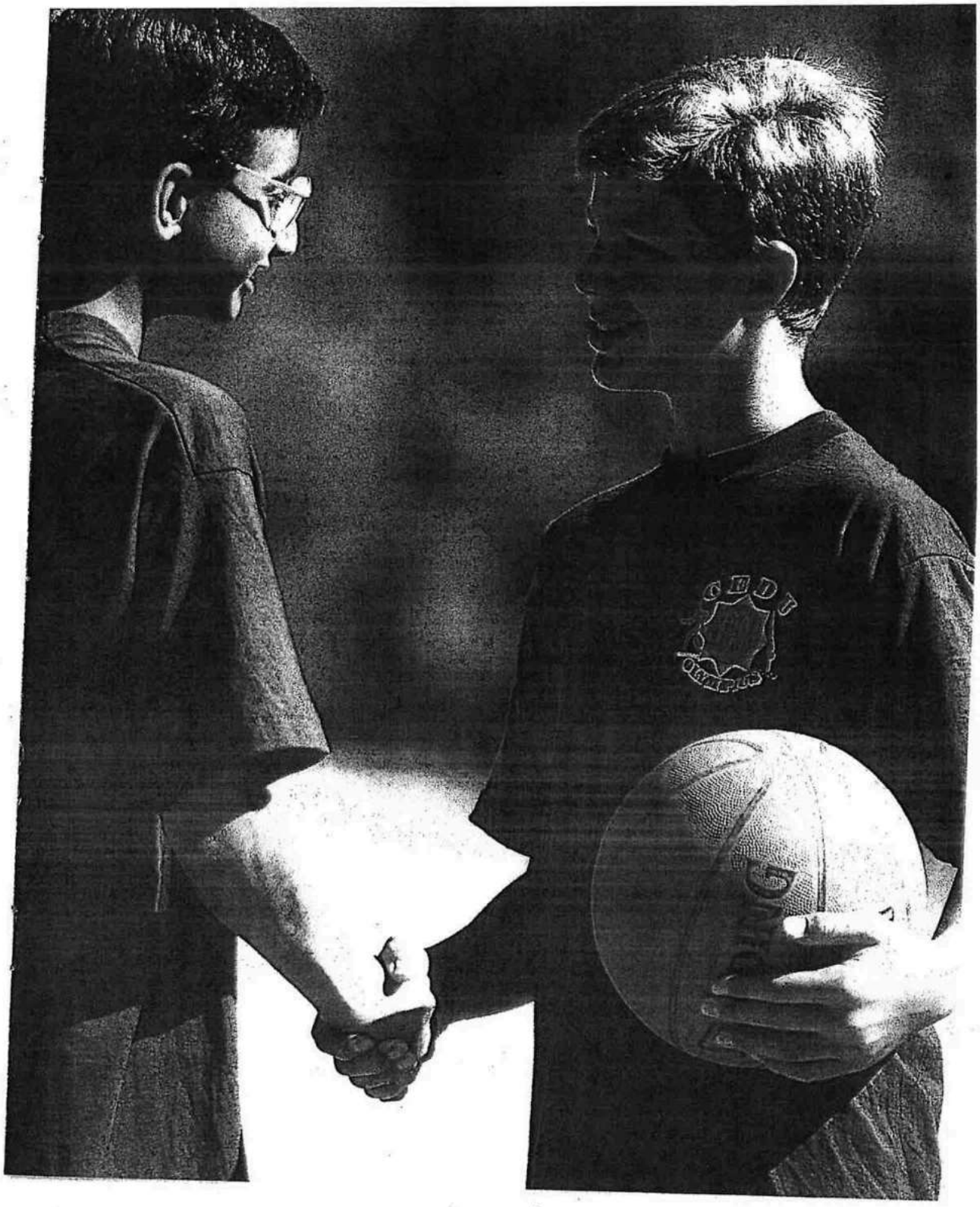
Whether in the classroom or the outdoors, academics and emotional growth work teach the fundamental connections between right and wrong.

The integrated curriculum helps young people reach their potential by meeting their emotional, intellectual and physical needs. The program assists and supports as one learns to identify and express thoughts and feelings, and to recognize negative behaviors.

CEDU Middle School's philosophy couples a hands-on approach with an introspective theme ensuring an experience which touches both the mind and the heart.

Often, though not always, a "typical" CEDU Middle School child...

- *is bright but unmotivated*
- *is highly manipulative*
- *is uncooperative*
- *says "I don't care," but thinks "I can't"*
- *exhibits poor judgement*
- *selectively tunes out in the middle of conversations*
- *is unwilling to try new things*
- *has poor peer or family relations*
- *is hyperactive or has an attention deficit*
- *has a bad attitude*
- *thrives in tactile environments*


CEDU
OLYMPUS

THE PROGRAM

CEDU MIDDLE SCHOOL'S INNOVATIVE EDUCATION CHALLENGES YOUNG PEOPLE TO GROW EMOTIONALLY AND INTELLECTUALLY.

CEDU Middle School boys and girls need the intellectual challenges of a strong curriculum. CEDU Middle School provides an effective combination of traditional academics and a comprehensive emotional growth curriculum, which challenges the younger adolescent to grow emotionally *and* academically. Small classes and concerned educators foster consistent attention. Assessment coupled with an individualized response offers each child an individual plan for success which addresses issues within oneself, with peers and with other family members.

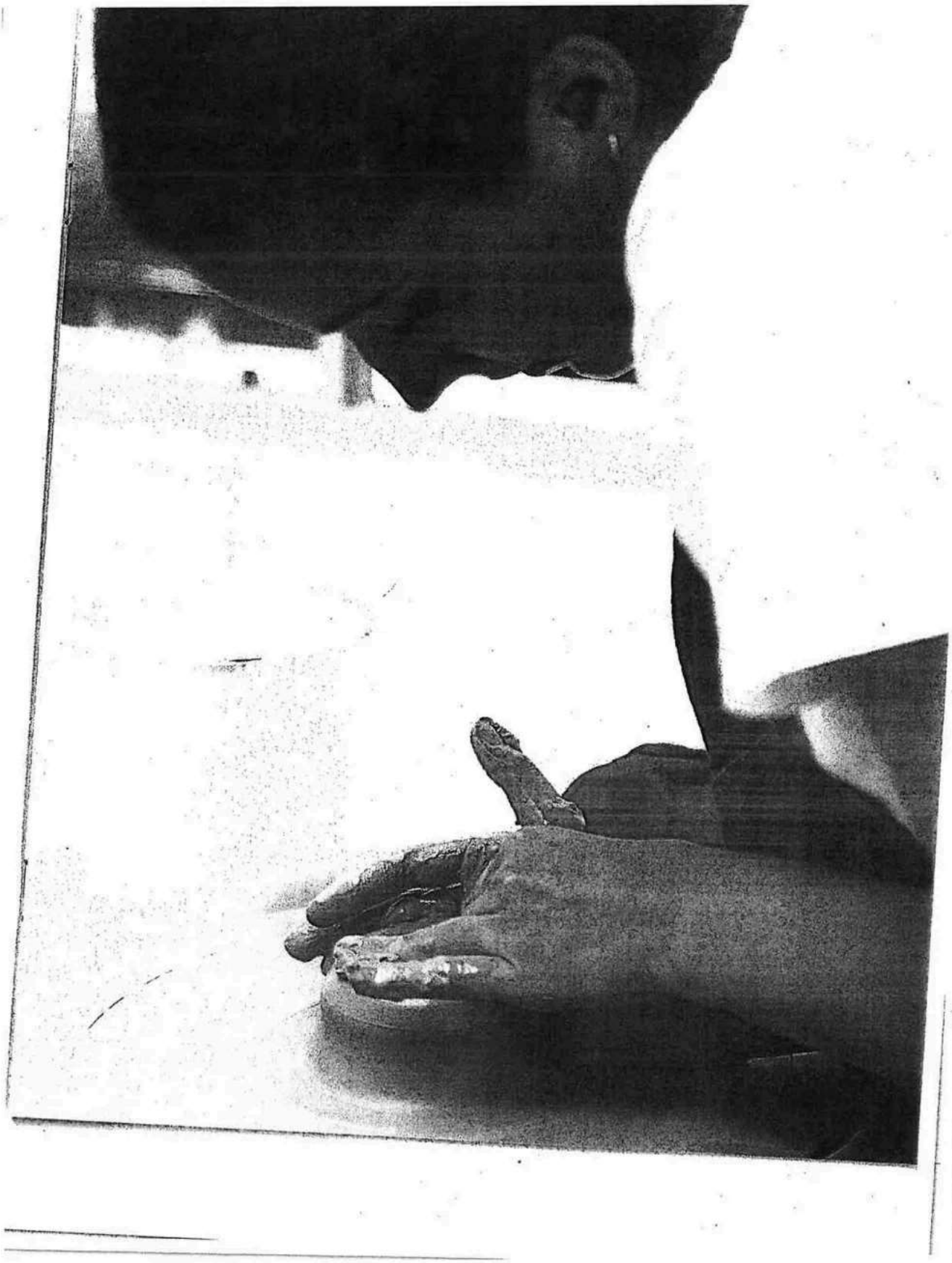
Courses at CEDU Middle School are taught in a manner which challenges boys and girls to learn about themselves and the world around them.

Social studies, sciences, math, journalism, literature and composition are all offered at CEDU Middle School. Emphasis is placed on a broad selection of courses designed to meet each individual's needs. A Visual Arts Center is the setting for electives fostering artistic expression and lessons in a variety of media.

The emotional growth work at CEDU Middle School enhances academics by teaching young people to set and achieve goals, learn the value of keeping agreements and the consequences of breaking them, and rekindling an interest in exploring new ideas.

Many CEDU Middle School boys and girls have a history of failure and frustration, and their prior emotional difficulties have seriously influenced their relationships with family and peers. But at CEDU Middle School accountability shifts from "them" to "I," as they begin to take responsibility for their actions and their choices.

The interrelationship of CEDU Education programs, and continuity of care, demonstrate an unyielding commitment to the success of every child. CEDU Middle School is licensed as a California Group Home and is certified as a Non-Public School. The year-round academic program features transferable credits in and out of CEDU and prepares participants for furthering their education.



The Learning Process

At CEDU Middle School learning is experience based, creating a valuable connection between knowledge and personal experience.

At CEDU Middle School, emotional growth and academics are not isolated endeavors. Teaching methods touch upon a child's senses in each activity. CEDU's approach to teaching is multi-modal; that is, many different elements have been considered and are used in teaching one how to learn. Learning is experience-based: they learn by doing, giving them a connection with their understanding and knowledge which is rooted in personal experience.

Frequent opportunities for success are created, fostering a positive learning experience both inside and outside the classroom. Achieving a strong relationship between the logical and creative abilities is a primary goal of the faculty. Learning differences are addressed through a special education component that assesses specific needs and develops a comprehensive plan to meet these needs.

CEDU Middle School helps children achieve success in these ways:

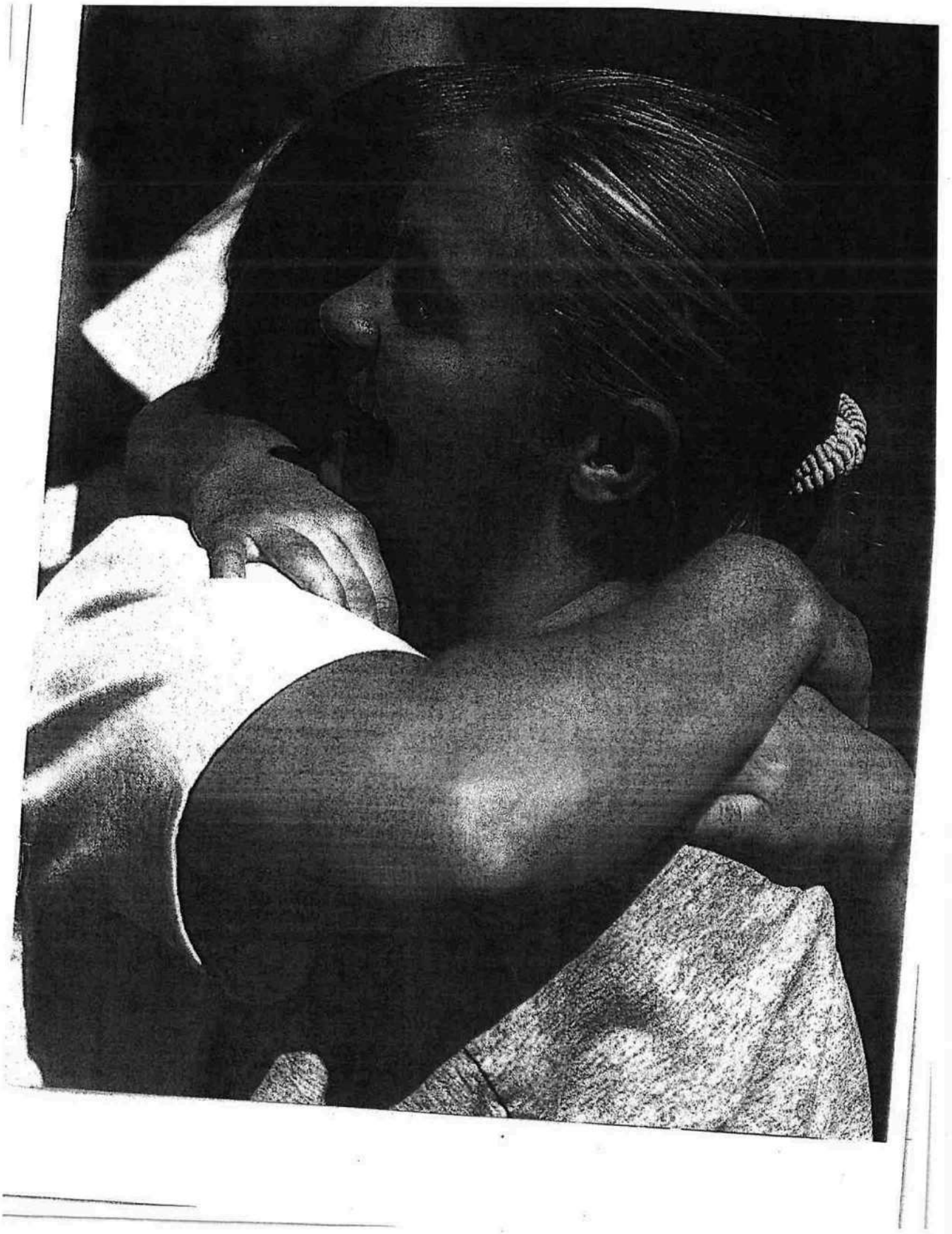
- *Building self-esteem and confidence*
- *Developing positive attitudes and healthy lifestyles and relationships; and*
- *Encouraging academic achievement in an environment designed for success*

Staff and Faculty

The CEDU Middle School faculty is a well-blended group of skilled, educated and trained professionals who are rich in education and life experiences. Many are distinguished by impressive credentials, and all are characterized by a caring attitude. Incorporating the CEDU philosophy into their methods, teachers address emotional needs in the classroom while counselors incorporate academic lessons into their emotional growth work.

Masters at helping young people make intellectual and emotional discoveries, these warm, honest and involved men and women are experts at drawing firm boundaries in a direct, yet caring way. The low child-to-staff ratio provides the opportunity to give the direction and structure boys and girls need to succeed as individuals and members of a working team. Advisors help families make insightful academic decisions and plans for the future.

CEDU's faculty are all appropriately certified. This dedicated group shares a commitment to making a difference in the lives of young people.



Campus Life

Each day is structured with meaningful activities designed to build children's confidence, strength and skills.

Life on the CEDU Middle School campus is a combination of classroom study, outdoor activities, recreation and emotional growth work designed to help young people discover more about themselves through meaningful experiences.

Weekdays include a morning meeting called "First Light" to help plan and focus the day. Throughout the day, participants attend classes in traditional academic subjects. Included in a day's activities are additional academics, elective courses, physical education, group sessions, counseling and tutoring. Many of these activities reinforce the emotional growth curriculum by instilling trust in peers and a sense of accomplishment.

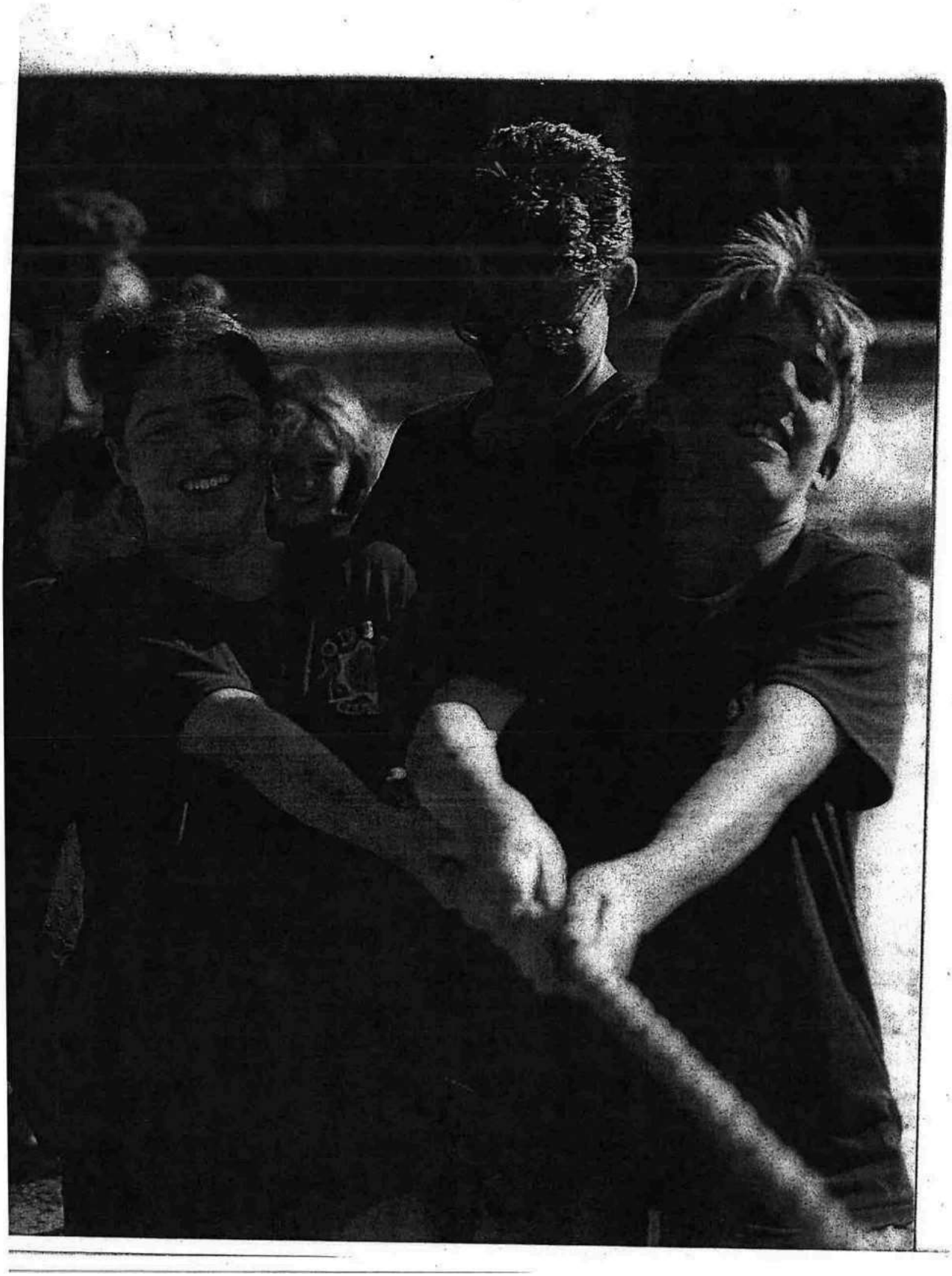
Evenings and weekends bring a broad range of structured work and leisure-time activity. Games, art projects, computer activities, and interaction with peers and faculty is encouraged. CEDU Middle School is a full-time program; learning continues long after the academic school day ends.

Activities

Personal fitness is critical to each individual's plan for success, and athletics are an essential component. CEDU Middle School offers many physical fitness activities and facilities available to them. Depending on the season, you'll find boys and girls swimming in the pool, playing baseball or basketball, skiing or participating in a variety of other individual and team sports.

The surrounding mountains provide ample opportunity for supervised hiking, camping and other outdoor activities. These are conducted under the close supervision of experienced, certified outdoor staff, and only after participants have received proper instruction.

Children live in dormitories that provide a comfortable, warm and secure "home away from home." They take personal responsibility for their surroundings and are expected to keep their rooms, personal belongings and common areas clean and orderly. The 24-hour staff presence assures safety and accountability. Positive peer pressure is also instrumental in the growth experience that comes as a result of living and working together.



Parental Support

Through workshops, seminars and open communication, the Parent Education Program at CEDU Middle School is designed to complement the child's education, and facilitate the ultimate rebuilding of the family.

Family support and education is crucial to the success of CEDU Middle School students. Concern and care have led to the decision to enroll the child. But good faith alone is not enough.

Faculty, staff and administrators are dedicated to the rebuilding of healthy relationships between children and their families. An essential part of the growth process is regular participation by parents in both education and communication programs.

Parent Education brings the lessons learned at CEDU Middle School to the family. Though a young person's problems at home, school or with peers may seem to be isolated, their solutions inevitably involve the parents. Through workshops, seminars and ongoing communication, the Parent Education Program at CEDU Middle School is designed to complement the child's education and advance the ultimate rebuilding of the family. In turn, the family experiences a heightened level of communication, resolution and satisfaction that affects all aspects of their lives.

Workshops for parents held throughout the year provide insight into the workings of CEDU Education and practical advice on how to have better relationships with your children.

The results of these workshops are lasting, positively impacting personal, family and professional lives. Complementing these on-going opportunities are parent support groups around the country.

Regular communication is also very important. Through the coordinated effort of a Family Resource team, parents are kept apprised of their child's specific issues, growth and success. Parents and children keep in touch through regular phone calls and letter-writing assignments that address family issues.

As the individual nears completion of the CEDU program, preparations begin for the next step; returning home. Emphasis is placed on communication for both parent and child, reintegration with the family, cooperative goal-setting, and problem-solving. It is also during this stage that families begin strengthening their relationships and planning for the future.

1 of 88 Ad