



**Admission Application  
Youth Identification**

Legal Status: minor

*Be Sure To Attach A Current Photograph With Application*

Date of Application	Date of Admittance	Date of Completion
---------------------	--------------------	--------------------

**Childs**  
Full Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Race: \_\_\_\_\_  
Social Security # \_\_\_\_\_

**Lists all Criminal Offenses (Violence, Theft Etc.)**

---



---



---

**Substance Abuse History**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine
<input type="checkbox"/> LSD	<input type="checkbox"/> Barbiturates ( Downers)
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Inhalants (Glue, Gas, Etc.)
<input type="checkbox"/> Peyote	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Speed	<input type="checkbox"/> Opium
<input type="checkbox"/> Heroin	<input type="checkbox"/> Amphetamine
<input type="checkbox"/> Other (Explain): _____	

**Behavior Characteristics**

<input type="checkbox"/> Stealing	<input type="checkbox"/> Attempted Suicide
<input type="checkbox"/> Homosexual Tendencies	<input type="checkbox"/> Laziness
<input type="checkbox"/> Victim of Sexual Abuse	<input type="checkbox"/> Aggressive with Animals
<input type="checkbox"/> Disobedient	<input type="checkbox"/> Sexual Offender
<input type="checkbox"/> Obscene/Vulgar Speech	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Runaway	<input type="checkbox"/> Poor Hygiene
<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Other (Explain below)
<input type="checkbox"/> Pornography	
<input type="checkbox"/> Bed-wetting	
<input type="checkbox"/> Lying	

**Current Involvement with  
Criminal Juvenile / Justice System**

Awaiting Trial  
 Convicted awaiting sentencing  
 On Parole /Probation  
 Other: \_\_\_\_\_

Is Child a legal ward of any agency?  Yes  No

Name of Agency \_\_\_\_\_

**Special Abilities, Talents and Interests**

<input type="checkbox"/> Music	<input type="checkbox"/> Sports	<input type="checkbox"/> Competitive
<input type="checkbox"/> Art	<input type="checkbox"/> Won Honors	<input type="checkbox"/> Honest
<input type="checkbox"/> Reading	<input type="checkbox"/> Computers	<input type="checkbox"/> Wants help
<input type="checkbox"/> Crafts	<input type="checkbox"/> Poetry	<input type="checkbox"/> Other (explain): _____
<input type="checkbox"/> Dramatics	<input type="checkbox"/> Writing	

**Probation Officer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Additional Comments**

---



---



---



---



**Admission Application  
Income Worksheet**

Household Income—Include Total Income	
Income Provider	Yearly Gross Income
Head of Household	\$ _____
Spouse	\$ _____
Alimony	\$ _____
Childs SSI	\$ _____
Child Support	\$ _____
Other	\$ _____

Lists Income Producing Properties ( Real Estate )	
Value	Amount Income
1	
2	

Total Monthly Obligations:	\$ _____
----------------------------	----------

Dependents (Do not include applicant child)			
Name	Age	Date of Birth	Place of Residence
1			
2			
3			

Lighthouse Ranch for Boys operates on a tight budget and relies greatly on the financial support of our resident's parents. It is true that the Lighthouse Ranch for Boys receives additional financial support from various ministries as well as individuals and ministry partners to make our program a success. Without these additional supports, we simply would not be able to provide the assistance you need with your child at this critical time.

With this information in mind, we ask that you seriously and prayerfully consider your role in helping your child in this time of crisis. **If you fail to invest in your child, Who Will?**

Taking into account your current financial situation, Please indicate below the amount you will financially commit and agree to pay monthly to the Lighthouse Ranch for your child's attendance.

I will commit to pay \$_____ monthly towards my child's stay at the Lighthouse Ranch for Boys.
--



**Admission Application  
Resident Agreement**

I \_\_\_\_\_ understand that the Lighthouse Ranch for Boys is a program designed to benefit young men that are having problems in their present environment. I further understand that the Lighthouse Ranch for Boys is a privilege for me to attend and an opportunity for me to get my life turned to a better direction.

I understand that the Lighthouse Ranch for Boys is a faith based, Bible believing and God centered program. I am aware and consenting of the fact that I will be attending all the church related activities of Lighthouse Chapel, including attendance at church services, special services, participate in Bible reading, prayer, and other faith based activities as directed by the staff and management of the Lighthouse Ranch for boys.

I understand that I will be attending Lighthouse Christian Academy, the ranch's on-campus private Christian school. I understand that I will be required to submit myself to all the rules and administration of this school, including but not limited to adhering to a strict dress code and participating in Biblical based curriculum.

I understand that there is a daily schedule of activities, and I am willing to submit myself to this schedule and to the rules at Lighthouse Ranch for Boys.

I am willing to submit myself, and to respect the director, supervisors ,teachers, and all other staff members, either volunteer or employed, of Lighthouse Ranch for Boys.

I understand that Lighthouse Ranch for Boys is an ( 18 ) month program. This time is determined as a minimum and may be extended at the discretion of the director of the Lighthouse Ranch.

---

Applicant    Signature

Date

---

Parent / Guardian or Authorized Representative  
Signature

Date



**Admission Application  
 Current Family Data**

	Biological Father	Biological Mother	Step/Foster Father	Step/Foster Mother
Full Name				
Current Address				
Current Phone				
Birth Place / Birth Date				
SSN				
Name of Church				
Pastor/ Phone				
Occupation				
Employer				
Work Hours				
Work Phone				
Other Numbers				
Salary (annual)				
Highest Grade level Completed				
Marital Status				
Name of Spouse				
Date of Marriage				
Date of Divorce				
If Deceased, Date of Death				
Cause of Death				
Describe General Health				

Is child living with parent (s)?  Yes  No If not, Why? \_\_\_\_\_

Who is authorized to give consent for child? \_\_\_\_\_ Relationship \_\_\_\_\_

<b>Emergency Contacts (Provide at least 3 contacts)</b>		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____



**Admission Application  
Family History**

**What problems have existed in this child's natural or foster family?** (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol or drug abuse | <input type="checkbox"/> Incarceration    | <input type="checkbox"/> Parental Death  |
| <input type="checkbox"/> Incest                | <input type="checkbox"/> Mental Illness   | <input type="checkbox"/> Absent Parent   |
| <input type="checkbox"/> Child Abuse           | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Frequent Moves  |
| <input type="checkbox"/> Child Neglect         | <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Homelessness    |
| <input type="checkbox"/> Child Sexual Abuse    | <input type="checkbox"/> Poverty          | <input type="checkbox"/> Family Break-up |
| <input type="checkbox"/> Spouse Abuse          | <input type="checkbox"/> Unemployment     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Other Family Violence | <input type="checkbox"/> Divorce          |  |
| <input type="checkbox"/> Court Involvement     | <input type="checkbox"/> Legal Separation |  |

**Family Involvement**

**Please Indicate your willingness to adhere and/or participate as necessary:**

**Initials**

- |   |  |       |
|---|--|-------|
| 1. Adhere to telephone and mail policies.   | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |
| 2. Provide assistance to ranch personnel when needed to assist your child.  | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |
| 3. Maintain contact with your child via telephone, mail and actual visits according to the ranch program schedules.                         | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |
| 4. Willing to provide for incidental charges as necessitated by your child (ie: clothing, shoes, dental & medical charges, etc.)            | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |
| 5. Agree to promptly pay your monthly obligations to the ranch.   | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |
| 6. Willing to assist with any future paperwork as may be deemed necessary by the ranch and respond expeditiously to requests when notified. | <input type="checkbox"/> Yes <input type="checkbox"/> NO | _____ |

I hereby request that the Lighthouse Ranch for Boys consider providing services to the above named child. All information provided is accurate to the best of my knowledge, I understand that any deliberate false information is grounds for denial into the program.

Signature of custody holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of person completing the application \_\_\_\_\_ Date \_\_\_\_\_



**Admissions Application  
Policies and Procedures**

I (we) being the parent (s), (Legal Guardian) of \_\_\_\_\_ and being resident of the city of \_\_\_\_\_ in the state of \_\_\_\_\_, do hereby certify that I have been provided a copy of the Lighthouse Ranch for Boys "Policy and Procedures." This includes the policies concerning telephone contact, visitations, mail, run-away and corporal punishment. I (we) furthermore in careful consideration approve of each of these policies and agree to abide by these policies for the duration of said child's stay at the Lighthouse Ranch for Boys.

**PHONE CALLING POLICY**

Residents of Lighthouse Ranch for Boys are not allowed to make outgoing phone calls at any time; exceptions are made ONLY in the event of an emergency.

**Calls to residents are accepted only between the hours of 9:30 AM to 2:30 PM Monday through Thursday.**

Please take note of the ranch daily schedule, as calls are also not accepted during regularly scheduled breaks and lunch hours. Calls are limited to a maximum of 10 minutes with a maximum of 2 parental calls per resident per month. Calls must be separated by at least 14 days. Grandparents are allowed one call per month. (Note: only parents, grandparents and legal guardians may call or talk to a resident on the phone). Calls to residents from their Pastors are allowed as deemed necessary by the Pastor and do not affect the calling privileges of the parents or grandparents.

**MAIL POLICY**

Mail time at the ranch is a very positive and special time. Our desire is that you **WILL** write to your boy while they are at the ranch. Please be aware however that a staff member prior to delivery reads all incoming and outgoing mail. Any correspondence containing obscene, offensive, or vulgar language will not be delivered. Further, mail containing oppressive or disheartening content will also not be delivered. Correspondence to any resident should be positive and encouraging in nature.

**VISITORS POLICY**

All visits must be pre-arranged through the Director. A visit request form must be properly completed and submitted prior to any visits. Visits must be **pre-arranged** a minimum of (3) three weeks in advance of the visit. Approved visits are allowed on Saturday's between 12:00 p.m. and 5:00 p.m. Visitors are allowed to attend church service on the Sunday following the visit if desired but must leave immediately following service. **Note Regarding New Residents:** After admission, a minimum of 90 days with good behavior is required before the first visit will be allowed or even considered. Only those directly related to the resident will be allowed to visit (father, mother, grandfather, grandmother). Visitors such as brothers, sisters, etc. are allowed only on a case-by-case basis and must be pre-approved by the Director in writing. Any items brought to the resident during a visit must be given to the supervisor on duty **NOT** to the resident. Items will be inspected and then if appropriate given to the resident. Be aware that all residents are subject to a strip search following a visit if deemed necessary and all visits may be monitored.

**RUN-AWAY POLICY**

The Lighthouse Ranch for Boys assumes no responsibility for the welfare or conduct of a child if said child leaves the property or leaves from an organized event without permission (i.e.: runs away). The Lighthouse Ranch will take all necessary measures including but not limited to contacting the local authorities to find said child but we will not accept any responsibility for their actions or resulting damages, injuries, etc. A child will be considered terminated from the ranch program if said child runs away. In the event that the Director allows the child to return to the program, a (3) month extension will be added to his residency for each runaway attempt.

**AUTHORITY TO DISCIPLINE POLICY**

The director of Lighthouse Ranch for Boys or his authorized staff will administer corporal punishments and controls (including but not limited to spanking) to any resident as deemed necessary by the director to control their behavior.

\_\_\_\_\_  
Parent/ Guardian or Authorized Representative of Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lighthouse Ranch Representative

\_\_\_\_\_  
Date



**Admissions Application  
Consent to Transfer Records**

I hereby authorize the release of all:

- School
- Medical
- Psychological
- Legal ( probation, parole, etc. )
- Other: Specify \_\_\_\_\_

records of \_\_\_\_\_ to the Lighthouse Ranch for Boys.  
( name of student )

Such records shall include if available, psychological evaluations, and behavioral reports as well as standard test results. This information may be used by the Lighthouse Ranch for Boys in evaluating the educational, medical, psychological and legal needs of the above named individual.

This release shall apply to any school, school district, medical facility, psychological, psychiatric care facility, correctional agency or any other educational or health care facility with prior knowledge of the above named individual, as well as any pertinent legal documents (i.e., probation records, parole records, court records, etc.)

School Information:

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

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

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian or Authorized Representative of Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date