

At The Crossroads
P.O. BOX 377, WASHINGTON, UT. 84780-0377
*“Guiding Youth Down a Pathway of Success,
One Student at a Time”*



Enrollment Application

(To be completed by Student and Parent/Financial Guarantor)

Student Information

Students Full Name: _____
Social Security # _____ - _____ - _____ Age: _____ Date of Birth ____/____/____
Street Address _____
City, State, ZIP _____
Phone # (Home) _____ (Cell) _____

Family Information

Parent/Financial Guarantor's Name: _____
Relationship to Student: _____
Occupation/Company: _____
Work Phone # _____ Work Address _____
Home Address: _____
City, State, Zip _____
Phone # (Home) _____ (Cell) _____
Email Address: _____

Other Parent Name: _____
Relationship to Student: _____
Occupation/Company: _____
Work Phone # _____ Work Address _____
Home Address: _____
City, State, Zip _____
Phone # (Home) _____ (Cell) _____
Email Address: _____

Other Person to Notify in Emergency: _____
Relationship to Student: _____
Home Address: _____
City, State, Zip _____
Phone # (Home) _____ (Cell) _____

Other Person to Notify in Emergency: _____
Relationship to Student: _____
Home Address: _____
City, State, Zip _____
Phone # (Home) _____ (Cell) _____

Independence

Knowledge

Currently Attending School? Yes No, If Yes, where: _____

Highest Grade Completed _____ GPA _____

Student's educational goal: _____

Does Student have any reading or learning disabilities? Yes No, If Yes, describe:

Hard Work

Student Employment History			
Employer:	Duties:	Dates:	Reason for Leaving

Student's career goal: _____

Money Management

Students overall ability to budget and manage personal finances: Excellent Good Fair Poor

Does the student have a checking account? Yes No

Can the student balance a checking account? Yes No

Does the student have a history of credit problems? Yes No

Student's financial independence goal: _____

Crossroads Value Question:

Is the student prepared to live in an environment that focuses on him becoming self sufficient through the principles of knowledge, hard work and money management? Yes No

Healthy Living

General Health Condition: Excellent Good Average Poor

Diet and Exercise:

Is the student healthy enough to participate in an active exercise program? Yes No*

If no, please describe limitations: _____

*If "No", will need MD documentation of limitations and restrictions prior to enrollment

Does the student have any history of an eating disorder? Yes No

If yes, please describe: _____

Known Allergies: (check if allergic and describe reaction)

Penicillin _____

Food Allergies (list) _____

Bees/Wasp stings _____

Sulfa Drugs _____

Other (list) _____

Medications (please list all current medications):

Medication	Date Prescribed	Dosage	Reason for Medication

Medical Contact Information:

Physician Name: _____ Phone: _____
 Dentist Name: _____ Phone: _____

Insurance Coverage:

Medical Insurance: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Policy Number: _____ Group #: _____ Named Insured: _____

Dental Insurance: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Policy Number: _____ Group #: _____ Named Insured: _____

Substance Abuse History:

Does the student have any prior history of drug, alcohol or tobacco use? Yes No
 If "Yes", please complete below for all usage:

Name of Substance	Frequency	Length of Use	Most Recent Use

Emotional Needs:

Has the student ever been diagnosed by a qualified mental health professional? Yes No
 If yes, describe treatments and give dates: _____

Does student present any risk to self or others at this time? Yes No

Please check yes or no, as appropriate for each of the following;

History of depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self mutilation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide ideation or attempted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of Theft or Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Assault (victim or perpetrator)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please give detailed history for all boxes checked "yes" above (use back of form if necessary);

Crossroads Value Question:

Is the Student prepared to live in an environment that focus' on living a healthy, active lifestyle while remaining drug and alcohol free? Yes No

Spiritual Awareness

Crossroads emphasizes spirituality and faith in a higher power by encouraging students of all faiths and religious beliefs to strengthen this based upon their individual understanding and faith.

Connection with a Higher Power

Please describe Student's Religious Preference and Experience: _____

Charity through Service to Others

Please list examples of charitable service Student has provided to others: _____

Crossroads Value Question

Is the student prepared to life in an environment where he will be challenged to strengthen his connection with a higher power while developing charity through service to others? Yes No

Strengthen Relationships

Family Relationships

Is there a history of problems with the student and family members? Yes No

If yes, please describe: _____

Has the student/family attended counseling for these problems? Yes No

If yes, how successful was therapy and when was the last session: _____

Social Life

What extra-curricular activities, clubs, sports, and hobbies does the student have? _____

Crossroads Value Question

Is the Student prepared to work on improving their family relationships while building new friendships through an active, involved and positive social life? Yes No

Is the Student's family prepared to work on improving their relationship with the student while he is at Crossroads? Yes No

Acknowledgement

By signing below, the Student and Parent/Guardian certify that the information in this application is true and accurate to the best of their knowledge. Student and Parent/Guardian understood that if the student is accepted for enrollment and information in this application is determined to be false, inaccurate, or incomplete, the Student may be removed from the program without refund. **This application should be submitted with a \$75.00 non-refundable check payable to "At the Crossroads"**.

Student Signature

Dated

Parent/Guarantor Signature

Dated