

Application for Admission - Odyssey Wilderness Programs

Parent or Guardian--Please fill out all five parts of this form as completely and accurately as possible. Please print legibly in black ink and leave items blank that do not apply. There is a \$125 application fee that is due at time of submission.

Part 1 - Administrative Information

1	Person filling out this form:		Relationship to Student:		Preferred Course Start Date:		
	Expected Course Length:		Do you anticipate your child will attend a secondary placement post-Odyssey? If yes, where:				
2	Student's First Name:		MI:	Last Name:		Prefers to be called:	
	Age:	Date of Birth:		Height:	Weight:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
	Student's Social Sec. #:			Is he/she adopted?		At what age?	
	Hair Color:		Eye Color:		Race:		Religion:
	Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			Pants Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		Shoe Size:	
	List any serious medical concerns:						
	List current prescription medications:						
	Who does student live with?			Who has legal custody?			
	3	Father's Name:		First:	MI:	Last:	
		Street:			City:		State:
Age:		Occupation:			Work Phone:		
Fax:		Call before faxing? <input type="checkbox"/> Y <input type="checkbox"/> N		Email:			
Home Phone:			Cell Phone:				
4		Mother's Name:		First:	MI:	Last:	
	Street:			City:		State:	Zip:
	Age:	Occupation:			Work Phone:		
	Fax:		Call before faxing? <input type="checkbox"/> Y <input type="checkbox"/> N		Email:		
	Home Phone:			Cell Phone:			
	5	Stepfather's Name:		First:	MI:	Last:	
Age:		Work Ph:		Home Ph:			
Stepmother's Name:		First:	MI:	Last:			
Age:		Work Ph:		Home Ph:			
Emergency Contact - Person other than parent - Full Name:							
6	Home Ph:		Work Ph:		Cell/Pager:		
	Person Financially Responsible:		Full Name:				
7	Employer:						
	8 How did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Consultant: <input type="checkbox"/> Other:						

Part 2 - Medical History and Information

YES	NO	Please check yes or no to the following questions. If you check yes to questions 6-14, please provide brief explanation in the space provided below.	
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<input type="checkbox"/>	<input type="checkbox"/>	1. Does your child wear glasses?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child wear contact lenses?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Is your child under the care of a Primary Care Physician?	
		Doctor's Name:	Doctor's Phone:
<input type="checkbox"/>	<input type="checkbox"/>	4. Is your child under treatment with an orthodontist for braces or retainers?	
		Orthodontist's Name:	Orthodontist's Phone:
<input type="checkbox"/>	<input type="checkbox"/>	5. Has your child had a dental exam in the past six months? Date:	
		Dentist's Name:	Dentist's Phone:
<input type="checkbox"/>	<input type="checkbox"/>	6. Does your child have asthma?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Is your child allergic to anything? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	8. Have there been problems with your child's hearing/speech? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	9. Has your child ever been hospitalized or had surgery? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	10. Has your child had a hot or cold weather injury (i.e. frostbite, heat stroke) within the past five years? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	11. Does your child have a history of frequent accidents? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	12. Has your child ever broken a bone? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	13. Is your child taking any prescription medications? <i>Indicate name, dose, and frequency below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	14. Has your child recently been taken off any psychotropic medications? <i>Please describe below.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	15. Has your child had any disease or major illness? <i>Please describe below.</i>	

Please provide the following information for each medication your child is currently taking:

Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:
Medication:	Dose:	Time of Administration:	Frequency:

Immunization Records:

<input type="checkbox"/>	<input type="checkbox"/>	16. Is your child up to date on age-level immunizations? Date of last Tetanus Immunization:
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NOTE: All students must have Tetanus Immunizations within 10 years prior to enrollment.

Insurance Information:

Insurance Co:	Street Address:		
City:	State:	Zip:	
Ins. Claims Phone #:	Policy #:		
Policy Holder Name:	Policy Holder SS#:		
Employer (if Group Policy):			

Part 3 - Social / Behavior History

Behavior History. Please check all that apply:	Please provide a brief explanation for each checked item in the space provided below. (Use additional paper if necessary.)
<input type="checkbox"/> Academic Issues	
<input type="checkbox"/> Abortion	
<input type="checkbox"/> ADD/ADHD	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Aggressive Behavior	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Anger Management	
<input type="checkbox"/> Arrest History	
<input type="checkbox"/> Theft	
<input type="checkbox"/> Conduct Disorder	
<input type="checkbox"/> Current Legal Issues	
<input type="checkbox"/> Defensive Behaviors	
<input type="checkbox"/> Alcohol Use/Abuse	
<input type="checkbox"/> Drug Use/Abuse	
<input type="checkbox"/> Suicide Ideation	
<input type="checkbox"/> Suicide Attempts	
<input type="checkbox"/> Violence	

Behavior History Cont'd. Please check all that apply:	Please provide a brief explanation for each checked item in the space provided below. (Use additional paper if necessary.)
<input type="checkbox"/> Eating Disorder/Weight Issue/Obesity	
<input type="checkbox"/> Trauma	
<input type="checkbox"/> Family Conflict	
<input type="checkbox"/> Fire-setting	
<input type="checkbox"/> Grief/Loss	
<input type="checkbox"/> Sexual/Gender Identity	
<input type="checkbox"/> Manipulation	
<input type="checkbox"/> Bullying	
<input type="checkbox"/> Psychotic Episodes	
<input type="checkbox"/> Learning Disabilities	
<input type="checkbox"/> Physical Abuse	
<input type="checkbox"/> Running Away	
<input type="checkbox"/> Truancy	
<input type="checkbox"/> Self-Mutilation	
<input type="checkbox"/> Promiscuity	
<input type="checkbox"/> Sexual Abuse	
<input type="checkbox"/> Sexual Acting Out	
<input type="checkbox"/> Pregnancy	

Treatment History: Please check all that apply:	Please provide a brief explanation for each checked item in the space provided below:		
<input type="checkbox"/> Previous Counseling	If yes, please provide the following information:		
Therapist:	Ph #:	Months/Years:	
Therapist:	Ph #:	Months/Years:	
Therapist:	Ph #:	Months/Years:	
Reasons for Counseling:			
<input type="checkbox"/> Current Counseling	If yes, please provide the following information:		
Reasons for Counseling:			
Therapist:	Ph #:	Months/Years:	
<input type="checkbox"/> Psychiatric Hospitalization	If yes, please provide the following information:		
Institution Name:	Ph #:	Months/Years:	
Reasons for Hospitalization:			
<input type="checkbox"/> Previous Wilderness	If yes, please provide the following information:		
Location:	Year Attended:		
Reasons for Wilderness:			
<input type="checkbox"/> On probation	If yes, please provide the following information:		
State:	Probation Period:		
Reasons for Probation:			

Substance Abuse History: If your child has a history of substance abuse, please provide the following information:			
Substance:	Frequency:	Length of Use:	Most Recent Use:
Substance:	Frequency:	Length of Use:	Most Recent Use:
Substance:	Frequency:	Length of Use:	Most Recent Use:
Substance:	Frequency:	Length of Use:	Most Recent Use:

School History: Please list each school your child has attended. Begin with the school most recently attended and provide the address, city, state and zip for the school.	Grades Attended:
1.	
2.	
3.	
4.	

Part 4 - Family History

Please check all that apply to immediate family members:		Provide brief explanation for each checked item in the space provided below. (Use additional sheet if necessary.)	
<input type="checkbox"/> Mental Illness			
<input type="checkbox"/> Developmental Disability			
<input type="checkbox"/> Physical Abuse			
<input type="checkbox"/> DCFS/CPS Involvement			
<input type="checkbox"/> Emotional Abuse			
<input type="checkbox"/> Sexual Abuse			
<input type="checkbox"/> Alcohol/Drug Abuse			
<input type="checkbox"/> Divorce			
<input type="checkbox"/> Remarriage			
<input type="checkbox"/> Grief/Loss			
<input type="checkbox"/> Suicide			
<input type="checkbox"/> Legal Issues			
<input type="checkbox"/> Eating Disorders			
<input type="checkbox"/> Physical or sexual abuse incidents reported to authorities. Explain legal action taken and final disposition:			
Family Composition:			
Are the parents married?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, for how many years?	
Have the parents been divorced?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, for how many years?	
Please describe any significant additions, losses, or changes in the family composition:			
Sibling Information:			
Name:	Age:	School:	Adopted? <input type="checkbox"/> Y <input type="checkbox"/> N
Name:	Age:	School:	Adopted? <input type="checkbox"/> Y <input type="checkbox"/> N
Name:	Age:	School:	Adopted? <input type="checkbox"/> Y <input type="checkbox"/> N
Name:	Age:	School:	Adopted? <input type="checkbox"/> Y <input type="checkbox"/> N

Part 5 - Payment & Supporting Documents

Preferred Method of Payment For \$125 Application Fee:

Cashier's Check or Certified Check Wire Transfer VISA or MasterCard **

Preferred Method of Payment for Odyssey Program Tuition:

Cashier's Check or Certified Check Wire Transfer VISA or MasterCard **

** If paying by VISA or MasterCard, please read and sign below:

I hereby authorize Odyssey Wilderness Programs to charge my VISA/Mastercard for \$125 for the application fee.

I hereby authorize Odyssey Wilderness Programs to charge my VISA/MasterCard for \$12,905 for the four-week program tuition (unless otherwise specified), plus the \$1,200 enrollment, after my child's acceptance into the program has been confirmed.

Credit Card Information:		
CC #:	Billing Address:	
City:	State:	Zip:
Expiration Date:	Security Code:	Date:
Printed Name of Cardholder:	Signature of Cardholder:	

Once your child's application has been approved, you will need to submit program tuition for the initial four-week program, along with copies of the following documents to confirm your child's enrollment:

- COMPLETED ADMISSIONS INTERVIEW (posted online)
- COMPLETED ENROLLMENT AGREEMENT (posted online)
- COMPLETED PHYSICAL EXAM FORM (posted online)
- BIRTH CERTIFICATE
- IMMUNIZATION RECORDS
- INSURANCE CARD
- PSYCHOEDUCATIONAL REPORT, IF AVAILABLE
- LEGAL CUSTODY AGREEMENT OR PARENTING PLAN, IF APPLICABLE

Student Packing List:

- 1 Swimsuit (one-piece for female students)
- 5 Pair Synthetic Underwear (and 3 sports bras for female students)
- 30 - 60 Day Supply of all Current Medications (if applicable)
- Prescription Glasses (if applicable)

NOTE: Please do NOT send items with your child other than those specified on the Packing List above.

Please send completed forms to:

1513 E Street, Bellingham, WA 98225 | P (360) 671-4999 | F (360) 671-8444 | E info@odysseynw.com