



The Blessed Teens Academy
1819 Birch Ave.
Greeley, CO 80631
(970) 673-4782
www.BlessedTeensAcademy.com

2010 Summer Program



The Blessed Teens Academy is proud to announce its 2010 Summer Program.. This year, we have put together a very exciting plan for those middle school, high school, and college-age youth who come. Participants are welcome to attend the summer program between June 15th and August 15th.

From June 15th to June 30th, the regular BTA curriculum is still happening. This is a very exciting time of the year when many of the students are graduating and feeling the fruits of their past year of effort. This is a great opportunity for kids to experience a little bit of what the kids who stay for the whole year get to go through. It is also a good time for potential students to come.

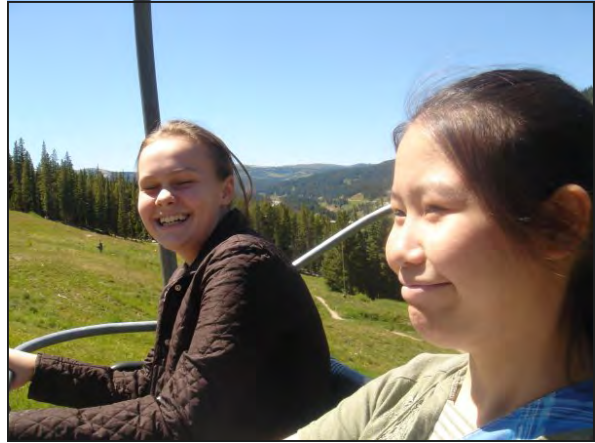
The official summer schedule begins July 1st and again on August 1st. The summer schedule will be split into two groups: July 1st to July 31st and August 1st to August 31st. Participants are welcome to come for the entire period, as well as for a couple weeks. If coming for a shorter time in July or August, it is recommended to arrive at the beginning of either months in order to attend the orientations.

In general, the outings and activities will be centrally located in the Colorado area, which is where the BTA is, but as you will see on the next page, we are also planning road trips to other states, which will be a lot of fun. As past BTA students can tell you, we have awesome road trips. There will also be fundraising experiences for internal growth, daily internal guidance on the value of being a Second Generation, Parent/Child Relationship, Reporting/Consulting, and much more. We are planning a lot of fun this summer, but in truth, the main purpose of the BTA has always been first and foremost the education and growth of Second Generation to realize their value and purpose as God's children. This is our main priority, and this will be apparent in the summer program.

2010 Summer Program *Tentative* Activities

Travel & Workshop Destinations

- California (North and South)
- Reno & Lake Tahoe
- Utah (Mormon Temple)
- San Diego (Beaches, Surfing, & Workshop with community lead by Walter Frank; Testimony of public activities by local BC's)
- San Francisco (Pier 39, Pebble Beach, Berkeley)
- New Mexico - Albuquerque, Santa Fe,
- Arizona – Phoenix, Flagstaff
- Workshop in San Diego
- Andy Weiss presentation on finance and money
- Las Vegas
- Zip Lining
- Paintball
- Estes Park (Hiking, Swimming, Sports in the mountains)
- BBQ in Boulder, CO
- Tubing in Golden, CO
- Aquarium
- Free Acoustic Concert
- Spa & Karaoke
- Garden of the Gods
- Cave of the Winds
- Fundraising
- Service Projects in Colorado, California, Texas....



Road Trips

- Road trip to North California through Reno, Lake Tahoe, Utah and back.



Blessed Teens Academy Summer Program Application

1819 Birch Ave
Greeley, CO 80631

Email: Contact@BlessedTeensAcademy.com

Website: www.BlessedTeensAcademy.com

Personal Data Sheet

Student's Name: First Middle Last

Home Address: _____

Child's email address: _____

Gender: Male ___ Female ___

Date of birth: _____

Home telephone/fax: _____

Grade completed at present: _____

Father's name: _____

Father's Mission/occupation: _____

Father's work telephone/cell: _____

Mother's name: _____

Mother's Mission/occupation: _____

Mother's work telephone/cell: _____

Parents' Email address(s)

Father: _____/Mother: _____

Any personal information that would be good for us to know about in order to best accommodate your child. Sickesses, allergies, food likes or dislikes, habits, hobbies, fears, tempers, moods etc.... The more we understand him/her from your viewpoint the better for all of us to live together.

Financial Policy

1. The room and board fees for students enrolled for the BTA summer program is 820 USD per month (30 Days). In addition, an extra 500 USD per month is required for extracurricular activities such as white-water rafting, amusement parks, road trips, and many more fun activities. In addition, if the child requires any additional pocket money for souvenirs, gifts, special medication, that expense must be covered by the parents. Daily pro-rated fees are 44 USD.

2. Room and Board fees (820 USD) cover:

Food, sleeping quarters, utilities, house/office supplies, gas and misc. necessities.

Activities Fees (500 USD) cover:

Expenses related to summertime outings and activities, including, but not limited to: white-water rafting, road trips, amusement parks, and much more.

Pocket Money (Optional) covers:

Money to be used to buy gifts, souvenirs, snacks, special medicine, extra clothing, etc.

3. Preferably, the fees should be paid in advance of the child's arrival at the Blessed Teens Academy, according to the number of months the child will be staying. However, we will also accept monthly payments for the child's fees as long as those fees are paid in advance of the corresponding pay period. For example, If your child arrives June 15th, those fees (820 USD + 500 USD = 1320 USD) should already be paid up front. Before July 15th, the next payment of \$1320 will be due.

How to Pay

The Blessed Teens Academy accepts checks, money orders, cash, bank wire, VISA, MasterCard, and PayPal. Please be advised that **you will pay more with PayPal and Credit Cards.** PayPal and major credit cards charge a fee per transaction, roughly 2-3%. If you decide to pay using PayPal or Credit Card, you will be responsible to pay the corresponding fees. We are also charged a \$15 fee for bank wires. If you pay by bank wire, please send an additional \$15 to cover this fee.

Miscellaneous

The expenses of taking care of 50+ youth can grow quite high. Facilities costs, food, gas, utilities, etc are all factored in when deciding the monthly fees. However we also understand that many families are challenged to pay this monthly fee, so if you check the box below, we will consider you for a special \$100 discount off the monthly fees. We **cannot** do this for every participant, so consideration will be made on a first come, first serve basis.

I would like to be considered to receive a 100 USD discount off the monthly room & board fees for the BTA summer program. This will effectively make my monthly payment 1220 USD instead of 1320 USD and my pro-rated daily fees 41 USD instead of 44 USD.

Bank Wire Information:

Bank Name:	Chase Bank
Address:	822 7 th Ave. Greeley, CO 80631
Phone#	970-392-3203
Account Name:	Blessed Teens Academy
Account#	636599092
Routing#	102001017
Swift Code	CHASUS33XXX

PayPal Payments

paypal@blessedteensacademy.com

Items Needed to Send

- Insurance Card
- Medical records from his/her present Doctor (a copy of just an up to date record)
- **Notarized** Power of Attorney
- Child Care Waiver & Emergency Contact Form

Items to be put in student's personal file and medicine cabinet

- Vitamin C and Multi-Vitamins (Optional)
- Allergy medicines if needed

These are items that will go in the public use closet:

- 4 large tubes of toothpaste
- 2 Shampoos/ Conditioners
- 2 mouth wash
- 12 bars of bath soap

Personal items to be kept by student

- Divine Principle (Exposition if possible)
- Way of Traditions
- Way of God's Will
- Bible
- Towels
- Necessary clothing (please see dress code)
- Light jacket
- Pledge and Sunday service clothes
- Blanket and/or sleeping bag
- Pillow
- Playing Cards
- Books he/she likes, etc...

Dress Code for Girls:

Absolutely no tight shirts, tight pants, short shirts, short shorts, midriff shirts, sleeveless shirts or low cut collars for girls. Skirts and dresses at the knee length or longer.

Please only one piece bathing suits, with a pair of board shorts to swim with. If they need to do shopping for clothes, let them wait to come here and our elder girl students can shop together with them.

Dress Code for Boys

No overly saggy pants, short shirts, tight shirts, or sleeveless shirts for boys. No rudely worded t-shirts. No girl pants. Make sure they have several nice slacks such as khakis with a couple nice casual dress shirts for certain occasions, one suit for special events. Bathing suits should be long style.

“POWER OF ATTORNEY” LETTER

PARENTS’ NAMES _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

COUNTY OF RESIDENCE _____

COUNTRY OF RESIDENCE _____

PHONE NUMBER _____

FAX NUMBER _____

DATE _____

TO WHOM IT MAY CONCERN:

I hereby certify that the staff of the Blessed Teens Academy has power of attorney to act as a legal guardians for my child, _____ for the duration of his/her stay at the Blessed Teens Academy which will be from Month ___ Day ___ Year _____ until such time as he/she will no longer reside with the BTA and return home to his/her family. This includes, but is not limited to authorizing necessary treatment in case of medical emergency or other medical needs, transportation arrangements, school activities, extracurricular activities, passport or visa. and anything else that is necessary to take care of my child while staying at the Blessed Teens Academy.

Authorized Adult Staff: Steve and Jerry Tamayo, Andrew and Laurie Shoultz, Alfred and Marianne Rischl, Michael and Adonia Hentrich.

_____ Parent’s Signature

I certify that the above person has signed this document before me on this

_____ of _____ DAY MONTH YEAR

NOTARY’S SIGNATURE _____ <SEAL OR STAMP>

Blessed Teens Academy Medical Form

NAME OF STUDENT _____

DATE OF BIRTH _____

NAME OF PARENT/GUARDIAN _____

HOME PHONE _____

WORK PHONE _____

IN CASE OF EMERGENCY CONTACT PARENTS

FAMILY DOCTOR _____

/OR _____ PHONE _____

OFFICE PHONE _____

Medical Insurance Plan
No.: _____

A. Please note any health problem, physical handicap, emotional difficulty, behavioural problem, or facts which may limit full participation in the science classroom.

B. Student's immunization shots are current , i.e. tetanus and diptheria, typhoid, smallpox, and polio vaccine.

YES () NO ()

C. Student is subject to:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> sensitive skin | <input type="checkbox"/> sleepwalking | <input type="checkbox"/> nosebleed |
| <input type="checkbox"/> ear ache | <input type="checkbox"/> sinus trouble | <input type="checkbox"/> convulsions | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> fainting | <input type="checkbox"/> frequent colds | <input type="checkbox"/> headache | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> tonsillitis | <input type="checkbox"/> nightmares | <input type="checkbox"/> bed wetting | <input type="checkbox"/> allergies (describe) |
| <input type="checkbox"/> eye infection | <input type="checkbox"/> bronchitis | <input type="checkbox"/> kidney problem | |

D. Student wears contact lenses ()

E. Medications: I would like my child to be given,

Name of Medication(s) _____

Purpose of Medication _____

In case of emergency, I hereby give permission to the physician selected by the school to provide necessary treatment for my child.

Parent/Guardian signature: _____ Date: _____

Child Care Waiver and Emergency Contact

Child's Name _____ Age _____ Birthday _____

Parent's Name _____ Driver's License No _____

Alternate Name _____ Driver's License No _____

Emergency Contact if
Parent cannot be reached _____ Phone No _____

Special Notes Regarding Your Child _____

We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care service, to release and hold harmless the Blessed Teens Academy, its officers, trustees, board of directors, staff, agents, employees, and volunteers, from any and all claims, demands, suits, costs and charges, in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by the Blessed Teens Academy, its officers, agents, trustees, board of directors, staff, employees, and volunteers and further authorize the Blessed Teens Academy to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child/children in the event of any emergency.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Blessed Teens Academy child care coordinator or person in charge to take my child to the nearest appropriate pediatric or medical facility, and I give my consent for any and all treatment for my child when the child is in this individual's care.

I understand that staff at the Blessed Teens Academy will take all necessary steps to find an appropriate medical facility according to the needs of the emergency situation for my child.

Signature of parent or guardian _____ Date _____

NOTE TO PARENTS

This waiver should be submitted along with the contract papers for application. At the very least, this information should be received by the first day your child arrives at the Blessed Teens Academy.

I certify that the above person has signed this document before me on this _____ of _____ DAY

MONTH _____ YEAR _____

NOTARY'S SIGNATURE _____ <SEAL OR STAMP>

This waiver should be submitted along with the contract papers for application. At the very least, this information should be received by the first day your child arrives at the Blessed Teens Academy.

