

# Placement Agreement

I, \_\_\_\_\_, am the legal guardian of \_\_\_\_\_.  
I hereby agree to share physical custody of my child, \_\_\_\_\_, to Jennings Place staff for the duration of their stay with the program. I further agree to support the policies and procedures of Jennings Place and the staff efforts to assist my child. I agree not to withdraw my child from the program unless the staff of Jennings Place and I agree that such an action is in the best interest of my child and/or the program.

I understand that in order for my child to succeed in Jennings Place, he/she needs to respond positively to the opportunities offered.

I understand that Jennings Place has specific policies and procedures which address resident behavioral and academic expectations.

Jennings Place staff is authorized to transport my child on an as needed basis.

I understand that I will continue to be the legal guardian for \_\_\_\_\_.

Once a resident checks out on Friday @ 4:00 PM, Jennings Place is not liable for the resident until they check back in on Sunday @ 4:00 PM. The parent/legal guardian will assume responsibility

## Acknowledgement of Policy Review

Jennings Place has reviewed the following policies and has provided me with a copy of these policies for my records:

Resident Expectations  
Discipline Policies  
Power of Attorney (Parental Consents)  
Medical Procedures

Student Employment Plans  
Spiritual/Religious Participation  
Policies for Discharge  
Visitation Policies

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Director Signature      Date

\_\_\_\_\_  
House Parent Signature      Date

Jennings Place staff have reviewed the above policies with me and have given me a copy.

\_\_\_\_\_  
Resident Signature      Date

\_\_\_\_\_  
House Parent Signature      Date