



THE SALVATION ARMY
SOUTHERN AFRICA TERRITORY
HESKETH KING TREATMENT CENTRE



CONTACT BETWEEN HESKETH KING TREATMENT CENTRE AND THE PARENTS/GUARDIANS

NB: This is a binding contract and that no patient will be admitted without the signing of this agreement.

The parents and/or guardians of the applicant admitted to the program agree to attend these compulsory events, namely

- 1. Orientation on admission day**
- 2. Family program (On a Saturday. Date will be confirmed on the day of admission)**
- 3. Individual sessions with a member of the therapeutic team (to be determined by the therapist)**

I _____ (Full name of parent/guardian) undertake to give my full cooperation regarding above-mentioned.

Signed on _____ (day) of _____ (month) _____ (Year).

