

## Clear Minded Children Family Contract

We, \_\_\_\_\_ and \_\_\_\_\_, the parents of

\_\_\_\_\_, do hereby request admittance for our child to this program. We understand that this will be a family effort to help restore the balance in our family system. We hereby agree to support our child's work in the classroom and out by gently guiding our child to do his daily training assignments. Further, we agree to attend at least three parent training evenings to be run once a month on either Tuesday or Thursday nights from 8 to 9:30pm. We understand failure to attend these classes will be considered a breach of this contract which may then result in the dismissal of our child from this program.

\_\_\_\_\_  
*Mother*

\_\_\_\_\_  
*Father*

\_\_\_\_\_  
*Date*

***The Quantum Healing Center – 12 NE 5<sup>th</sup> Avenue – Delray Beach, FL 33483  
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