

**Student's Pledge for Success**

*Please read and understand this contract you are making.  
Ask as many questions as you like to ensure you do.*

I \_\_\_\_\_ request to join the Clear Minded Children's  
Program at the Quantum Healing Center. I am/am not (circle one) on medication(s),  
(if so, please list) \_\_\_\_\_  
and want to be medication free.

I am willing to commit myself the next 6 months to becoming medication free by  
learning and co-operating in class, sessions and with daily homework assignments.

I promise to do the best I can each day to learn and practice the new skills I am  
taught.

I promise to be respectful to myself, my classmates, the teachers, staff and objects of  
the Quantum Healing Center.

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signed - Date*

\_\_\_\_\_  
*Student Name*