



THE SALVATION ARMY
S O U T H E R N A F R I C A T E R R I T O R Y
HESKETH KING TREATMENT CENTRE



CONTACT BETWEEN HESKETH KING TREATMENT CENTRE AND THE FAMILY

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

The family 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).