

CDAC Behavioral Healthcare, Inc.
Individual/Staff Agreement
Parenting for Prevention

Individual(s) Name: _____

I hereby agree to participate in the Parenting for Prevention program provided by CDAC Behavioral Healthcare.

I release CDAC Behavioral Healthcare, its Board of Directors, and CDAC program personnel of any responsibility in the event of an accident.

Additionally:

- A. I agree to participate and complete this program. I understand that I will receive a Certificate of Completion when I have successfully completed the parenting program. This means all sessions, pre/post tests and evaluations must be completed before a certificate is given.
- B. I agree to keep appointments as scheduled and will call to cancel an appointment if I am unable to meet for any reason.
- C. I agree to complete home assignments depending on the program that I am enrolled in. This may include watching program videos and/or home activities with children.
- D. I agree to sign all applicable releases as needed per my referral to the program.