

REGISTRATION FORM

In registering my child, _____ at The Clear View School Day Treatment Center, I hereby consent to his/her participation in the special education and mental health treatment services provided by the Center.

I understand that the Association for Mentally Ill Children cannot be held responsible for any damages my child might cause to any person(s) or property while in the care of the Association and I further exonerate the Association completely from any responsibility for such damages.

Preparatory to registering my child at The Clear View School for the school year, I have received, read through, and made myself familiar with the contents of the current Orientation Letter. I have provided the requested clothing to be kept in School and have taken care of the other pre-registration requirements.

Signature of Self
(Age 18 or older)

Signature of Parent or Guardian

Date