

**THE CLEAR VIEW SCHOOL DAY TREATMENT CENTER
BRIARCLIFF MANOR, NY 10510**

**Parental Acknowledgement and Understanding of My Child's Registration at
The Clear View School Day Treatment Center**

In registering my child, _____, at The Clear View School Day Treatment Center, I hereby make the following acknowledgments and agreements:

I agree to participate in parent/child counseling at Clear View by attending regular sessions with the clinician;

I agree to terminate any therapeutic counseling services for my child outside of Clear View, with the understanding that Clear View will be the primary treating facility;

I understand that my child's mental health needs are the primary focus of this program, which may compete with my child's academic progress;

I understand that my child requires a continuation of special education and day treatment services during the summer months and agree that my child will attend the Clear View six-week summer program;

I understand that if my child presents as a danger to him/herself or others, physical intervention may be required to ensure his/her safety or the safety of others;

I will provide a complete history of medication and treatment of my child;

I understand and acknowledge that SSI and Medicaid will be explored when my child turns 18 years of age;

I will provide Clear View with a copy of Court ordered custody arrangements if applicable;

I will provide Clear View with a copy of any Court order or decree that has relevance to the care, custody or safety of my child.

I have disclosed whether or not there are any fire arms in my home, and if so, that they are safely and securely locked, preventing my child from having any access to them.

Signature of Parent or Guardian

Date

Signature of Admissions Director

Date