

PARENT PLEDGE

I _____ (print full name) pledge to fully participate in my child's treatment program. I understand that full participation includes:

- Reading through all materials provided by Jacob's Promise
- Keeping accurate data
- Following through with procedures described in treatment plan
- Ensuring excellent attendance
- Making accurate and on time payments
- Participation in family training

I understand that my role and participation is essential for treatment.

I understand that I have full control of how fast and effective behavior change will occur for my child.

I understand the Jacob's Promise® Process described is designed to create effective and lasting results, and that any steps of the process that I opt out of may negatively impact or delay progress.

I fully accept my responsibilities, and would like to proceed with the treatment plan provided by Jacob's Promise.

Parent signature

Date

By entering your name above, you agree that it represents your signature and you acknowledge that this is a legally binding document.