

Statement of Understanding
Helping Parents Heal Support Group

Participant Name: _____

As a participant of the Helping Parents Heal Support Group I have read, understand and will adhere to the following group guidelines:

1. **Confidentiality**: To respect the privacy of other participants I will refrain from sharing other's personal information outside of the group. Remember people are sharing their deepest hurts and thoughts and need to feel this is a safe place where they are heard, not judged and accepted unconditionally.

2. **Respect for others beliefs**: Although the principles of the healing promoted in the program resources are grounded with Christian teaching, the inherent healing principles are supported by other belief systems. Therefore respect the different belief systems of others who may participate.

3. **Attendance**: Weekly participation is desired to gain the full value of the program. If you are unable to attend please advise the facilitator of your absence in advance of the meeting time. **Weekly meetings commence September 29, 2011 and conclude December 1, 2011 at 6:30-8:30 pm located at Brunswick Street Baptist Church (Please use parking lot entrance and follow signs to the meeting room).** The doors will open 15 minutes prior to the meeting.

4. **Program Fees**: Participant registration fee of \$200 for 10 week session must be paid in full at the beginning of the program sessions. Participants who desire to withdraw from the group after September 29, 2011 will receive a refund of \$150. There will be no refund for withdrawal from the group after October 6, 2011. Based on financial need a participant may request consideration for a sliding scale fee which will be discussed with the facilitator prior to the first meeting on September 29, 2011.

Participant Signature

Date