

#300 - 1008 1st Avenue West Prince Albert, Sk., S6V 4Y4 ETransfer:cfspamobile1@gmail.com

Phone: (306) 922-3202 Fax: (306) 922-7977 Toll Free: 1-877-922-3202 E-mail: cfspa@sasktel.net Website: www.cfspa.ca

Parental Consent Form

Name(s) of Child(ren):	
I,	and <i>legal</i> guardian,
(Name) warrant that I have the authority to consent for my child(ren) to pa by Catholic Family Services of Prince Albert under the mandate	articipate in counselling/group programming offered
I understand that my child(ren) will have the opportunity to shar about our life circumstances. Should I be included in the counse the child(ren) to adjust more successfully to these circumstances.	elling, my involvement will focus on ways of helping
I agree that neither myself nor anyone representing me shall call on any Catholic Family Service employee during or at any time after it to provide either written or oral testimony at any examination trial, or application in any court where the marriage, the custody of or access to the child(ren) are in issue or related to the issues or dispute between me and any other persons, Catholic Family Services does not provide specialized custody/access assessments.	
Parental Separation/Divorce: (Check one) ☐ Yes ☐ No If separated/divorced, please indicate custody agreement: (Check one)	ck one) □ Joint □ Sole
*In the case of a separation/divorce, signatures of both parents is required. If one parent has sole custody, please provide <i>legal</i> documentation.	
Please print and sign your full name below.	
Parent/Guardian:	Parent/Guardian:
Signature:	Signature:
Witness:	Witness:
Date:	Date: