

**Your child is invited to join us for group!  
Educational/Skills Group Permission Form**

I hereby give consent for my child or teen (dependent/student) (Child's name) \_\_\_\_\_, to participate in **educational/skills group(s)** or workshop(s) in collaborating schools in Delta County School District that will be facilitated by Renee Joyce, MFTC in partnership with Delta County School District psychologists, counselors and/or staff.

Groups or workshops may cover topics such as *coping skills, social skills, emotion regulation, interpersonal effectiveness, self-esteem, divorce or changes in families, building relationships, bullying, and grief or loss.* I understand that this group is not a psychotherapy or counseling service but will provide education and skills to students in the group and that participating community agencies such as Hope West may join groups as guest speakers or additional facilitators. I also understand there will be no charge for this service.

**Guardian/Parent Permission**

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**To register your child for group, please return this permission slip to:**

- Your child/teen's school psychologist or counselor or principal OR
- Renee Joyce, pediatric therapist at A Kidz Clinic

Please return this permission slip on or before your child's first meeting to ensure they are enrolled in group by the first session. Thank you for joining us!

Facilitator contact information:

**Renee Joyce, MFTC**

Pediatric Therapist

A Kidz Clinic

970-874-2753

