



1 Print the form.

2 Complete and sign the form.

3 Fax to (832) 358-0955.

Counseling Options and Dates	
<input type="checkbox"/> Two-Day Marriage Clinic™ <input type="checkbox"/> Three-Day Accelerated Marriage Counseling (AMC)™ <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Monthly Marriage Enrichment Group	
Dates/Times	City (if applicable)

Husband's Information				
Full Name	Mailing Address	City	State	ZIP Code
Mobile Phone	Work Phone	Home Phone		
Fax Number	E-Mail Address			

Wife's Information				
Full Name	Mailing Address	City	State	ZIP Code
Mobile Phone	Work Phone	Home Phone		
Fax Number	E-Mail Address			

Please read the following notice carefully and prayerfully. While our mission at Christway Counseling Center is a Christian one, it is also our livelihood. Because we book much larger blocks of time than one-hour-based counseling providers, we simply cannot offer refunds on cancellations. This is not intended to be uncaring or harsh; it is a business reality we must deal with, and one that you choose to accept when making an appointment with Christway Counseling Center. Thank you for understanding and agreeing to these terms.

Our counseling approach is different from that of therapists who work with many clients in short increments of time (i.e., 45 minutes). We take only a few select clients at a time and give them very thorough and intensive treatment. Usually there is a therapeutic reason for our scheduling times: to maximize full use of assignments given. Our approach is highly successful, but it requires tremendous commitment. Priority is given to those who keep appointments in a timely manner.

When you schedule your appointment, we guarantee that time for you and turn down other potential clients during that time—often referring them out. We ask you for the same commitment. Unfortunately, we cannot accept tentative appointments. Because most of our counseling involves multiple-hour sessions (with only four or five clients), we strongly enforce the following policy.

WE STRONGLY ENFORCE A NO-CANCELLATION POLICY—WITHOUT EXCEPTION—INCLUDING EMERGENCIES. THIS MEANS THAT YOU PAY ONE-HALF OF YOUR COUNSELING COSTS AT THE TIME OF SCHEDULING, AND THE BALANCE AT THE END OF THE COUNSELING. THERE IS NO REFUND FOR CANCELLATIONS OR NO-SHOWS FOR ANY REASON—INCLUDING EMERGENCIES. IF YOU DO NOT SHOW OR IF YOU CANCEL, YOU WILL BE CHARGED THE FULL AMOUNT.

PAYMENT AGREEMENT: I understand and agree to the above payment policy, including the cancellation policy. I am fully aware that my credit card will be charged for any and all cancellations as described in this contract.

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Credit Card Information				
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Credit Card Number	Expiration Date	Last 3 Digits from Back
Exact Name on Card	Billing Address	Billing City	State	ZIP Code