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2 Complete and sign

3 Scan and e-mail to drelkins@christwaycounseling.com

Counseling Options and Dates

- Three-Day Marriage Clinic™
Three-Day Accelerated Marriage Counseling (AMC)™
Individual Counseling
Monthly Marriage Enrichment Group

Dates/Times

City (if applicable)

Husband's Information

Table with 5 columns: Full Name, Mailing Address, City, State, ZIP Code; Mobile Phone, Work Phone, Home Phone; Fax Number, E-Mail Address.

Wife's Information

Table with 5 columns: 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.

Our counseling approach is different from that of therapists who work with many clients in short increments of time (e.g., 45 minutes). We take only a few select clients at a time and give them very thorough and intensive treatment.

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.

CANCELLATION POLICY FOR THREE-DAY MARRIAGE CLINIC™: Full payment by credit card is required at time of registration. We strongly enforce a no-cancellation policy without exception, including emergencies.

CANCELLATION POLICY FOR MONTHLY MARRIAGE ENRICHMENT GROUP: Full payment by credit card for all six months is required at time of registration. We strongly enforce a no-cancellation policy without exception, including emergencies.

CANCELLATION POLICY FOR ALL OTHER COUNSELING SERVICES: Payment of one-half (1/2) of your counseling costs is required at time of registration, and the balance is due at the completion of counseling.

PAYMENT AGREEMENT: I understand and agree to the above payment policy, including the cancellation policy(ies). I am fully aware that my credit card will be charged as described above—even if I choose to cancel or not attend.

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Credit Card Information

Table with 5 columns: Visa/MasterCard checkboxes, Credit Card Number, Expiration Date, Last 3 Digits from Back; Exact Name on Card, Billing Address, Billing City, State, ZIP Code.