

Print **2** Complete and sign **3** Scan and e-mail to drelkins@christwaycounseling.com

Counseling Options and Dates	s				
☐ Three-Day Marriage Clinic™ ☐ Three-Day Accelerated Marr ☐ Individual Counseling ☐ Monthly Marriage Enrichmen	iage Counseling (AMC)™				
Dates/Times C		City (if applicable)	ty (if applicable)		
Lluckend's Information					
Husband's Information	AA-III Addross	Cia.	Ctato	ZID Codo	
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			
		Tiome i none			
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 (e.g., 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(ies):					
CANCELLATION POLICY FOR THREE-DAY MARRIAGE CLINICT: Full payment by credit card is required at time of registration. We strongly enforce a no-cancellation policy without exception, including emergencies. If unable to attend the clinic for which you registered, you may attend either one of the next two clinics. If space is not available at either of the two following clinics, we can make arrangements for you to attend a future clinic.					
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. If unable to attend one of your six groups, we cannot offer you a refund or alternative date.					
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. We strongly enforce a no-cancellation policy without exception, including emergencies. If you do not show or if you cancel, you will be charged the full amount. Though you will be charged for cancelling or not showing, your fee may be applied to one of the next Three–Day Marriage Clinics™ (space permitting).					
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:	Date:			
Wife's Signature:		Date:			
Credit Card Information					
☐ Visa ☐ MasterCard	Credit Card Number	Expiration Date	Last 3 E	Digits from Back	
Exact Name on Card	Billing Address	Billing City	State	ZIP Code	