

Anger Management Class Registration Form



Identification		Class Start Date:	
Your Name:		Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:	
Address:		City:	State: Zip:
E-Mail:		Cell Phone:	
Facebook:		Home Phone:	

Referral: Who referred you to our office, or how did you learn about us?

<input type="checkbox"/> Psych Fit website	<input type="checkbox"/> Street Signs	<input type="checkbox"/> Court	<input type="checkbox"/> Employer
<input type="checkbox"/> School	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Probation	<input type="checkbox"/> Other

Name: _____ Phone: _____

How did this person explain how we might help you?

Payment Information:

<input type="checkbox"/> Full payment \$ 199 (Paid with registration form)	<input type="checkbox"/> Weekly \$ 35 (payable at the start of each class)
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card / Paypal	<input type="checkbox"/> \$ 25 Materials fees (waived with full payment)

Agreement: Initial Each Section and Sign Bottom

I Agree to:

- **Participate in the Anger Management Class**
- **Respect myself and others in the class**
- **Respect and devote my full attention to the Instructor**
- **Follow any rules given by the Instructor**

_____ **Your fee is non-refundable. Refund or rescheduling will only be available for medical emergencies with a doctor's letter.**

_____ **Should I not attend class on the scheduled date or return after lunch, or leave early, I understand that I will not receive a refund or certificate of completion for the class.**

_____ Enrollment letters will be provided to registrants. Certificates of completion will be awarded to those completing ALL class sessions. Letters of enrollment and certificates of completion can be used to verify registration, attendance and participation in programs for those who have been ordered to take anger management courses/programs by courts, employers.

Signature _____ Date _____

Contact Information:	430-201-4646	Anger@psychfit.net
Please bring registration form to our office located at:		
501 Pine Tree Rd Unit A-6 Longview Texas 75604 (Community Connections Building)		
You may also register online at www.reframinganger.com		
See website for class schedule	www.ReframingAnger.com	