

CLASS 'A' TRAINING CENTER

Please call 586-281-0150 to register at the location nearest you.

COURSE SELECTIONS

DECISION BASED DRIVING	<input type="checkbox"/> Level 1 - 4 hrs	\$85	INDIVIDUAL COUNSELLING	Call for Details
	<input type="checkbox"/> Level 2 - 8 hrs	\$220		# _____ of Sessions
RETAIL FRAUD & ECONOMIC CRIME PREVENTION	<input type="checkbox"/> 6 hrs	\$125	LIFE SKILLS	
IMPULSE CONTROL	<input type="checkbox"/> 6 hrs	\$125	<input type="checkbox"/> All 4 Segments A, B, C & D - 8 weeks	\$240
<i>Ex. Minor in Possession, Destruction of Property, Possession of Marijuana, DWLS, etc.</i>			<input type="checkbox"/> Segment A - 2 sessions	\$80
STRESS MANAGEMENT	<input type="checkbox"/> 8 hrs	\$220	<input type="checkbox"/> Segment B - 3 sessions	\$120
CONTROLLING ANGER	<input type="checkbox"/> 8 weeks	\$240	<input type="checkbox"/> Segment C - 2 sessions	\$80
DRUG & ALCOHOL EDUCATION	<input type="checkbox"/> 1 day	\$95	<input type="checkbox"/> Segment D - 1 session	\$40
IMPACT PANEL	<input type="checkbox"/> 2 hrs	\$40	WEEKEND PROGRAMS	
			<input type="checkbox"/> MIP/MARIJUANA AWARENESS - 1 weekend	\$260
			<input type="checkbox"/> ADULT ALCOHOL AWARENESS - 1 weekend	\$300

REFERRAL INFORMATION (To be completed by referring party)

Name _____ (Last) _____ (First) Case No. _____

Address _____ City _____ Zip _____

D.O.B. _____ Phone: (Home) _____ Cell _____

IMPORTANT NOTICE

CANCELLATIONS WILL BE CHARGED A \$5 CANCELLATION FEE PER REGISTERED CLASS. FAILURE TO ATTEND A SCHEDULED CLASS WILL RESULT IN A \$25 FEE. THE CLASS MUST BE COMPLETED AND FEE(S) PAID IN FULL IN _____ DAYS. IF A TIME FRAME IS NOT DESIGNATED ALL ORDERS WILL DEFAULT TO 90 DAYS FROM THE DATE THE ORDER WAS GIVEN.

Referring Court _____ Referring Party _____
(Judge, Magistrate, PO, Other)

Sentencing Date _____ Charge/Offense _____

Failure to attend class may result in reinstatement of all original charges and a warrant may be issued for your arrest.

DISCLOSURE AUTHORIZATION (TO BE SIGNED BY THE PERSON BEING REFERRED)

I hereby authorize Class 'A' Training Center, its director or designee, to release information to the referring party. The extent and nature of this information will concern my attendance, progress, drug screen results, services received and recommendations for additional services when deemed necessary.

By signing below I am acknowledging that I am responsible for the fees as listed above to the right of the ordered program as well as any others fees that are assessed according to the cancellation and no show policy above. I understand that I must pay in full in order to attend the program and failure to do so may result in dismissal from the class. I understand this class is my full responsibility and that no class dates can be scheduled for me or cancelled for me by anyone other than me, unless I have been referred through a Juvenile Court.

Printed Name _____ Signature _____ Date _____

Referring Party may fax form to: 586-281-0149
Or mail it to our corporate office at: 69096 Powell Road, Armada, MI 48005