



CHOICES THERAPY SERVICES, LLC

CHILDREN IN THE MIDDLE CLASS REGISTRATION

NAME: \_\_\_\_\_ (As it appears on your records)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

**CASE INFORMATION:**

COUNTY THAT YOUR CASE IS FILED IN: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_ CASE #: \_\_\_\_\_ MONTH/YEAR FILED: \_\_\_\_/\_\_\_\_

OTHER PARENTS FULL NAME: \_\_\_\_\_

WHICH PARENT FILED THE ORDER: \_\_\_\_\_

AGES OF CHILDREN: \_\_\_\_\_

YOUR ATTORNEY: \_\_\_\_\_

**CLASS**

DATE AND LOCATION OF THE CLASS YOU WOULD LIKE TO ATTEND:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION: \_\_\_\_\_

**PAYMENT FOR CLASS: \$65**

PREFERRED METHOD:

CASH       MONEY ORDER       CREDIT CARD

FOR CREDIT CARD USERS:

NAME ON CARD: \_\_\_\_\_

Cc #: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_

CVV CODE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_