



JUVENILE COURSE REFERRAL

Please visit www.classatc.com for course descriptions
Call (586) 281-0150 to Register • Office Hours: Monday - Friday 8am - 4pm



ONE DAY PROGRAMS

JUV. DECISION BASED DRIVING

- ☐ Level 1 \$100
☐ Level 2 \$220

☐ JUV. RETAIL FRAUD

& ECONOMIC CRIME PREVENTION \$135

☐ JUV. IMPULSE CONTROL \$135

☐ JUV. DRUGS & ALCOHOL EDUCATION \$100

☐ IMPACT PANEL \$45

☐ THE DANGERS OF VAPING \$100

MULTI-SESSION PROGRAMS

☐ JUV. LIFE SKILLS

6 sessions \$250

☐ JUV. CONTROLLING ANGER

6 sessions \$280

CUSTOMIZED SERIES

Attendee minimums may apply.

☐ JUV. DIVERSION SERIES

6 sessions

Call for quote

Each program is designed to address the needs of the population referred.

☐ STEP PROGRAM -

SKILLS TO ENHANCE PARENTING

For parents or guardians

6 sessions

\$300

REFERRAL INFORMATION

(Must be completed by referring party)

NAME: _____ CASE #: _____
(Last, First)

ADDRESS: _____ CITY: _____ ZIP: _____

D.O.B: _____ ☐ Juvenile - Age: _____ PHONE #: _____ Email: _____

PARENT / GUARDIAN NAME: _____
(Last, First)

PARENT / GUARDIAN PHONE #: _____ Email: _____

IMPORTANT NOTICES

- MUST PRE-PAY PRIOR TO REGISTRATION
- THERE ARE NO REFUNDS - NO EXCEPTIONS
- FAILURE TO ATTEND A SCHEDULED CLASS WILL RESULT IN REPAYING THE FULL AMOUNT
- FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE
- A \$3 SERVICE FEE WILL BE CHARGED FOR ALL CARD TRANSACTIONS

REFERRING AGENCY: _____ CHARGE / OFFENSE: _____

REFERRING INDIVIDUAL: _____ MUST COMPLETE BY: _____
(Judge, Magistrate, PO, Other)

REFERRING INDIVIDUAL EMAIL: _____

IF A TIME FRAME IS NOT DESIGNATED, ALL ORDERS WILL DEFAULT TO 90 DAYS FROM THE DATE THE ORDER WAS GIVEN

DISCLOSURE AUTHORIZATION By registering for any program with Class 'A' Training Center, 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 and/or attending any portion of a program hosted by Class A Training Center, I am acknowledging that I am responsible for the fees as listed above under the ordered program as well as any other fees that are assessed according to the cancellation policy expressed upon registration.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

ATTENTION REFERRING PARTY: Please Send The Completed Form To The Class A Registration Department

FAX: (586) 281-0149 • EMAIL: Registration@classatrainingcenter.com • MAIL: 43550 Elizabeth Road, Suite 300, Clinton Township MI

Form #CAT1100