

COURSE SELECTIONS

ONE DAY PROGRAMS

DECISION BASED DRIVING

Level 1 - 4 hours \$100
Level 2 - 8 hours \$220

RETAIL FRAUD & ECONOMIC CRIME PREVENTION

6 hours \$135

IMPULSE CONTROL

6 hours \$135

STRESS MANAGEMENT

8 hours \$220

DRUG & ALCOHOL EDUCATION

4 hours \$100

IMPACT PANEL

2 hours \$45

RIGHTS & RESPONSIBILITIES- WEAPONS PROGRAM

8 hours \$220

MULTI-SESSION PROGRAMS

LIFE SKILLS

All 4 Segments A, B, C & D
8 sessions \$280

Segment A - Communication, Self Esteem, Decision Making
2 sessions \$90

Segment B - Teaching Interviewing Techniques, Job Readiness Skills
3 sessions \$130

Segment C - Financial Management, Time Management
2 sessions \$90

Segment D - Identifying Goals, Problem Solving, Dealing with Change
1 session \$50

COGNITIVE BEHAVIOR THERAPY GROUP (CBT):

Breaking the Patterns of Distorted Thinking
6 weeks \$240

CONTROLLING ANGER

8 weeks \$280

ALCOHOL & OTHER DRUGS AWARENESS (AOD)

1 weekend \$325 *formally AAA weekend*

COUNSELING & ASSESSMENTS

DRUG & ALCOHOL ASSESSMENT

2 hours \$225

SUBSTANCES OF ABUSE GROUP

Initial Consultation \$85
+
8 sessions \$55 each

INDIVIDUAL COUNSELING

_____ of sessions
Call for details

please visit www.classatrainingcenter.com for course descriptions

REFERRAL INFORMATION (Must be completed by referring party)

Name _____ Case No. _____

Address _____ City _____ Zip _____

D.O.B. _____ Phone # _____ Email _____

IMPORTANT NOTICES

- MUST PREPAY PRIOR TO REGISTRATION
- FAILURE TO ATTEND A SCHEDULED CLASS WILL RESULT IN REPAYING THE FULL AMOUNT
- THERE ARE NO REFUNDS- NO EXCEPTIONS
- FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Referring Agency _____ Charge/Offense _____

Referring Individual _____ Must Complete By _____
(Judge, Magistrate, PO, Other)

*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, I am acknowledging that I am responsible for the fees as listed above under the ordered program as well as any others fees that are assessed according to the cancellation. I understand this class is my full responsibility, and that no class dates can be scheduled for me or canceled for me by anyone other than me, unless I have been referred through a Juvenile Court.

Printed Name _____ Signature _____ Date _____

ATTENTION REFERRING PARTY- Please send the completed form to the Class A Registration Department

FAX: (586) 281-0149 EMAIL: Registration@classatrainingcenter.com MAIL: 105 Peyerck Ct., Romeo, MI 48065