Class 'A' Training Center		Please call (586) 281-0150 to register Office Hours: Monday - Friday 8am - 4pm
	ELECTIONS	
ONE DAY PROGRAMS	MULTI-SESSION PROGRAMS	
DECISION BASED DRIVING		SKILLS - CBT Based Interventions
Level 1 - 4 hours \$100	8 sessions \$	
Level 2 - 8 hours \$220		: Values and Responsibilities - 2 Sessions \$90 responsibilities and fulfilling your responsibilities
<u>RETAIL FRAUD & ECONOMIC CRIME PREVENTION</u> 6 hours \$135	Introdu	: Interpersonal Skills - 2 Session \$90 ction to CBT. Interpersonal skills, managing emotions, resolution, building and maintaining relationships
☐ <u>IMPULSE CONTROL</u> 6 hours \$135 ☐ STRESS MANAGEMENT	Segment C	: Making Decisions - 2 Sessions \$90 ction to making decisions, decision-making styles,
8 hours \$220		<i>n- making steps and learning from your decisions</i> : Setting and Attaining Goals - 2 Sessions \$90
DRUG & ALCOHOL EDUCATION 4 hours \$100	Setting	and attaining goals, exploring your dreams, tting process and planning
$\square \underline{\text{IMPACT PANEL}}_{2 \text{ hours}} \45		LLING ANGER 8 weeks \$280
RIGHTS & RESPONSIBILITIES- WEAPONS PROGRAM 8 hours \$220		DL & OTHER DRUGS AWARENESS (AOD) 1 weekend \$325 formally AAA weekend
□ SUBSTANCES OF ABUSE PROGRAM	DRUG &	ALCOHOL ASSESSMENT
Initial Consultation \$85 + 8 Sessions \$55 each		2 hours \$275
RERERRAL INFORMATION (Must be completed by Name		Case No.
Name	(
Address	City	Zip
D.O.B. Phone #	Email	
IMPORTA	NT NOTICES	
MUST PREPAY PRIOR TO REGISTRATION	THERE ARE NO REFUNDS- NO EXCEPTIONS	
FAILURE TO ATTEND A SCHEDULED CLASS WILL	• FEES ARE SUBJECT TO CHANGE WITHOUT	
RESULT IN REPAYING THE FULL AMOUNT • A \$3 SERVICE FEE WILL BE CHARGED FOR ALL CARI	NOTICE • TRANSACTIONS.	
Referring Agency	Charge/Offense	
Referring Individual	Must Complete By	
(Judge, Magistrate, PO, Other)	IF A TIME FRAME IS NOT DESIGNATED, ALL ORDERS WILL	
Referring Individual Email		
DISCLOSURE AUTHORIZATION By registering for any progra Center, its director or designee, to release information to the refer		

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

Signature

Date

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