

Thriving Families Counseling Services
2213 Grand Avenue
Des Moines, IA 50312
P: 515-808-2900
F: 515-462-0504
www.thrivingfamilieservices.com

Children in the Middle
Registration Form

List name as it appears on court records:

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

Court Decree: _____ Name of Ex: _____

County of Case: _____ Case #: _____

Attorney: _____ Email/ Fax #: _____

Children Names:

Class Information:

Location: Thriving Families Counseling Services

Date of Class: _____

Individual: \$70 _____ Group: \$50 _____

If paying by credit card, please submit the following information:

Name (as it appears on the card): _____

Billing Address: _____

Card #: _____

Expiration Date: _____ CSC# (last 3 dig its on the back): _____

Signature: _____ Date: _____

OFFICE ONLY:

DATE OF CLASS: _____

DATE CERTIFICATE GIVEN OR UPLOADED: _____

FACILITATOR: _____

SIGNATURE: _____