

Love At Home Counseling
Anaka Foster, MA, CRC, CIRT
Registered Psychologist #4518

REGISTRATION FOR REKINDLE THE FLAME: COUPLES WORKSHOP

Date: _____ Date of Desired Workshop: _____

NAME: _____

D.O.B.: _____ Age: _____ OCCUPATION: _____

SPOUSE NAME: _____

D.O.B.: _____ Age: _____ OCCUPATION: _____

MARITAL STATUS: _____ Years Together: _____

Former Marriages/Cohabitation (years): _____

CHILDREN/STEP (names/ages, M/F): _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE _____

TELEPHONE: H: _____ CELL: _____

How did you hear about the Workshop? _____

Reason for wanting to attend: _____

INSURANCE PROVIDER: _____

Desired Method of Payment: Email Transfer Cash Check Visa/MC

FOOD ALLERGIES OR MEDICAL CONDITIONS I NEED TO KNOW ABOUT? _____

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DISCLAIMER:

1. Rekindle the Flame Couples Workshop is NOT group therapy, nor is it intended to replace individualized couples therapy or Treat/Address any specific disorder or issue such as addictions or affairs where such an issue may be present.
2. This Workshop consists of group instruction, discussions, demonstrations, practice of skills and dialogues with your partner, and written exercises. Participation in group discussion and demonstrations is intended to help enrich your understanding of the material being presented by applying it; however it is NOT a requirement of attendees to participate in any activity or discussion in front of the group if one chooses not to.
3. Due to the nature of the Workshop, where personal names and information is shared, it is REQUIRED that each attendee agree to maintain the CONFIDENTIALITY of others in the group; however if you wish to share your experience with others outside the group, you are welcome to do so.
4. A deposit of \$100 per couple is required to hold your spot and will be applied toward the total cost of the Workshop. If circumstances arise that interfere with your ability to attend the Workshop for the registered date, your deposit will be held and applied towards the next available Workshop that suits your schedule within the next 12 months. The balance is due upon checking in on the first day, and preferred methods are cash, check or email transfer. The ability to pay with Debit or Credit Card is available; however a 3% user fee will be added to the total to cover transaction fees.

I have carefully read and understand ALL of the above statements, and I agree to attend under said conditions.

YES_____ NO_____

Electronic Signature: