Registration closes October 21 for October 28 class



**McGuire Christian Counseling, Inc.**

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**PARENTING CLASS REFERRAL FORM**

**CONTACT PERSON & CASE WORKER INFORMATION**

Case Worker’s Name:

**CLASS START DATE:**

**(Please enter first date and time of class below)**

Case Worker’s Email:

Case Worker’s Phone Number:

**NEW CLIENT INFORMATION**

Client Name & Client **DOB**:

**If being paid by the state** **please list name the sessions will be authorized under Name: DCN #:**

Client gender: Married/Single:

Client’s Address:

Client’s Phone Number:

**Client’s Email Address:**

Payment Method (MO Alliance, CTS, Great Circle, PCHAS):

 **By checking this box I certify payment will be made for all parenting classes once client has started unless caseworker notifies Lisa Butler IN WRITING that the case has been closed.**

**COACHING SESSIONS ARE HELD AT MCGUIRE CHRISTIAN COUNSELING WITH THE INSTRUCTOR, PARENT, AND HIS/HER CHILDREN.**

**Instructor:** Lisa Butler

**Appointment Times (Choose One)**

**Indicate which class in box above**

9am-12pm

6pm-9 pm

**Total number of hours 18**

**Regular Class: 6 classes/weeks**

*Workbook included at the cost of 1 unit*

 *Coaching session are available upon request for a fee of $125 per session.*

***If coaching sessions are requested, please provide contact information for the involved foster parents:***

 ***Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Ages of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***