



Ministry Development Services
Presbyterian Samaritan Counseling Center
5203 Sharon Road
Charlotte, NC 28210
704-554-9222 (phone) – 704-554-9956 (fax)
mds@presbyteriansamaritan.org

REGISTRATION FOR LAY CLIENT PROGRAM
(lay adults, high school students and college students)

Name _____
(Last) (First) (MI)

Nickname (if any) _____ Race/Ethnic (optional) _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Email _____
(Home) (Work)

Age ___ Marital Status _____ Spouse/Fiancé(e)/Partner Name _____

Denomination (if applicable) _____

I have a physical condition which makes it difficult or impossible for me to climb stairs.
_____ Yes _____ No

I was referred to the Center by:

___ Myself
___ Other: Name _____ Position _____

Address _____
(Street) (City) (State) (Zip)

Fee Policy: Program fees are due and payable in two parts:

- A. This application and the registration fee (deposit) are to be submitted no later than fourteen (14) days after the appointment is placed on the calendar and at least seven (7) days before the appointment date(s). **Appointment dates are not confirmed until the deposit is received.** Please note that the deposit is **non-refundable.** The deposit can be applied to any program re-scheduled within one year of the initial appointment **provided the cancellation is made at least five business days prior to the appointment date.**
- B. **The balance of the program fee is due and payable at the time of the program,** (unless special payment arrangements are made prior to the program). Payment may be made by check, money order or credit card. We accept VISA, Master Card and American Express
- C. If your church or another individual is contributing any portion of the program fee, please have checks made payable to: Presbyterian Samaritan Counseling Center. **Checks in payment of any portion of the fee are due on or before the first appointment.**
- D. Even if a church or another individual will be paying for part or all of your fee, you are responsible for making sure that the fee balance is paid in full on or before the date of your program.

I am responsible for the program fee of \$ _____ and hereby accept that responsibility.

Signature _____ **Date:** _____
Client (Parent or Guardian if client is a minor)