



Family Counseling Center

A Division of Lifelines Counseling Services

“HELPING CHILDREN COPE WITH DIVORCE”

Please mail or fax this completed form and your payment of **\$50.00** to the following address:

**FAMILY COUNSELING CENTER OF MOBILE
P.O. BOX 91068 MOBILE, AL. 36691
PHONE 251-602-0909 FAX 251-660-2831**

If you are paying by check please include your Driver’s License # on the check or we can NOT process your registration.

Payment may also be made through our website at www.lifelinesmobile.org

*****Please contact our office prior to the seminar date to verify that the registration form and payment have been received.*****

An additional payment of \$50.00 will be required for those who do not give a 48 hr. notice of cancellation.

YOUR NAME _____ **SPOUSE’S NAME** _____
AS IT APPEARS ON DIVORCE DECREE AS IT APPEARS ON DIVORCE DECREE

CASE NUMBER _____ **JUDGE** _____

****Attendance is reported by case number only. You must provide case number as soon as possible****

PLEASE INDICATE WHO WILL BE ATTENDING:

____ Natural Mother ____ Natural Father ____ Step-Mother ____ Step-Father ____ Grandmother
____ Grandfather ____ Adoptive Mother ____ Adoptive Father ____ Other(specify) _____

____ **I DO NOT WANT TO ATTEND THE SEMINAR WITH MY SPOUSE.**

ADDRESS: _____ **COUNTY** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Home phone: _____ **Work Phone:** _____ **Cell:** _____

******PLEASE NOTE: NO CHILDREN ARE ALLOWED IN THE CLASS******

IMPORTANT MESSAGE: We cannot guarantee that the class you choose will remain available. If you or your spouse has indicated that he/she would like to be scheduled separately, we will do so. It is a first-come, first-serve basis. Our office will contact you by phone to reschedule if it becomes necessary.

I am planning to attend the “Helping Children Cope with Divorce” seminar on:

DATE: ____ / ____ / ____ **TIME:** _____

***I UNDERSTAND THAT I WILL NOT GET CREDIT FOR THE CLASS IF I ARRIVE LATE OR LEAVE EARLY.**

SIGNATURE: _____



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