



Awakenings
Christian Counseling

4250 S. Westnedge Kalamazoo MI 49008
Email: counsel@awakeningscc.com Phone: 269-234-2343

I have read and agree to the counselor / client service agreement and will pay my counselor
\$ _____ per session (due at time of service)

Signature of Patient
(parent / guardian if minor child)

Date:

Client Name (Printed)

Signature of Patient

Date:

Client Name (Printed)

Witness

Date: