

## Co-Parenting for Resilience Registration Form

First Name:		Midd	dle Initia	l: Las	st Name:			
Address:					Ар	t.		
City:			9	State:	Zip:			
Day Phone:			Ext:	Eve	ning Phone	e:		
Gender:	Male	Female						
Ethnicity:	Hispanic or Latino			Not Hispar				
Race: Check	all that apply							
White			American Indian or Alaska Native				Asia	n
Black or African American				Native Ha	waiian or P			
CourtCase#:								
County filed				Judges				
Class enrolln	nent preferen	ce:						
1 <sup>st</sup> Choice:		/	/	2 <sup>nd</sup> Choice	9		/	/
	(County)	(Date of	f class)		(County)		(Date	e of class

You may request that another person not attend the same seminar as you. Parties with protective orders may not attend the same seminar.

I prefer not to attend the same co-parenting class as:

**Note:** The first party to pre-register and pre-pay will secure their requested seminar date. If the other party later chooses the same date, they will be notified that they must choose another seminar date.

Return this form with the specified fee and your completed survey (or survey verification form if completed online) to the county office where you intend to take the class.

Check with your local county extension office to determine what forms of payment are accepted. Refund requests must be made in writing. Please arrive 10-15 minutes early to sign in and receive credit for your attendance. Credit will <u>not</u> be given for late arrivals. Childcare is <u>not</u> available. DO <u>NOT</u> BRING CHILDREN. In case of inclement weather please listen to your local TV station, check websites, or call your county Extension office to see if class will be held.

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