



# Co-Parenting for Resilience Registration Form

PLEASE PRINT

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic/Latino

Race: ☐ White

☐ American Indian/Alaskan Native

☐ Asian

☐ Black Asian

☐ Hawaiian/Pacific Islander

☐ Two or More

Court Case #: \_\_\_\_\_

County filed \_\_\_\_\_ Judges Name: \_\_\_\_\_

Class enrollment preference:

1<sup>st</sup> Choice: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(County) (Date of class) (County) (Date 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.

Send check or money order only. Do not send cash. Make checks payable OSU EXTENSION. Refund requests must be made in writing. Please arrive 10-15 minutes early to sign in and receive credit for your attendance. Credit will not be given for late arrivals. Childcare is not available. **DO NOT BRING CHILDREN**. In case of inclement weather please listen to your local radio or call the Extension office to see if class will be held.

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