## Co-Parenting for Resilience Registration Form



| First Name:             |                           | M     | liddle Initial: | Last Nam                            | ie:     |                 |
|-------------------------|---------------------------|-------|-----------------|-------------------------------------|---------|-----------------|
| Address:                |                           |       |                 |                                     | Apt:    |                 |
| City:                   |                           |       | Sta             | te:                                 | Zip:    |                 |
| Day Phone:              |                           |       | Email:          |                                     |         |                 |
| Gender:                 | Male F                    | emale | Ages of Chile   | dren:                               |         |                 |
| Ethnicity:              | Hispanic or Latino        |       |                 | Not Hispanic or Latino              |         |                 |
| Race: Check a           |                           |       |                 |                                     |         |                 |
|                         | White                     |       |                 | American Indian or Alaska Native    |         | Asian           |
|                         | Black or African American |       |                 | Native Hawaiian or Pacific Islander |         |                 |
| Court Case #:           |                           |       |                 |                                     |         |                 |
| County filed            | Judges Name               |       |                 |                                     |         |                 |
| Class enrollme          | ent preference:           |       |                 |                                     |         |                 |
| 1 <sup>st</sup> Choice: |                           | /     | /               | 2 <sup>nd</sup> Choice              |         | / /             |
|                         | (County) (Da              |       | e 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, along your payment and completed survey (or survey verification form if completed online) to your local County Extension office.

\*If mailing, do NOT send cash, but rather send check or money order, cash is only accepted in person.

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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