## Co-Parenting for Resilience Registration Form



First Name:		M	iddle Initial:	Last Name	:	
Address:				,	Apt:	
City:			Sta	te:	Zip:	
Day Phone:			Ext:	Evening Pho	ne:	
Gender:	Male F	emale	Ages of Chile	dren:		
Ethnicity:	Hispanic or Latino			Not Hispanic or Latino		
Race: Check a	ıll that apply					
	White Black or African American			American Indian or Alaska Native		
				Native Hawaiian or Pacific Islander		
Court Case #:						
County filed	Judges Name					
Class enrollme	ent preference:					
1st Choice:		/	/	2 <sup>nd</sup> Choice		/ /
	(County) (Da		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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