



Co-Parenting Through and After a Divorce or Separation

- Educates parents regarding the impact of parental conflict on their child's development.
- Helps parents identify their contribution to conflict while increasing impulse control.
- Teaches parents anger management, communication, and conflict resolution skills.
- Increases the likelihood of keeping two parents active in a child's life.

This class will also be helpful to anyone getting divorced/separated, is already divorced/separated, or in unique situations where parenting is shared by two families.

Co-parents must attend separate classes; the first parent to register for the class reserves the right to choose attendance dates.

Weekly for **Three Weeks**

Contact the Center for Schedule

Classes held at The Family Support Center, 51 East Haskell, Suite B, Winnemucca

\$65 – pre-payment required, payment options available

To register, contact the Family Support Center at 623-1888.





CO-PARENTING CLASS REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Co-Parent's Name: _____

Ages of Children: _____ Is There a Protection/No Contact Order? Yes No

Marital Status: Single Separated Divorced

By signing below, you acknowledge and agree to the following terms:

- The cost for the program is \$65. This fee is payable at the time of enrollment and is non-refundable.
- The first parent to register gets to choose which day of the week to attend class.
- Your enrollment in this class may be released to your co-parent and the Court, if a request is received.
- Classes are based on a First Come, First Serve basis and are limited to 6 participants. A minimum of 4 participants must be enrolled in order for a class to be held. If a course is cancelled due to low enrollment, fees will be refunded.

I understand and agree to the terms outlined above:

Signature: _____ Date: _____

OFFICE USE ONLY

Session Dates: _____

Date Paid: _____ Method of Payment: _____

Payment Plan: Regular Low Income

Provide copy of this form to the participant, original is filed in course binder.



Co-Parenting Class
Statement of Understanding

_____ I understand it is not optimal for co-parents to take this class together. I grant the Family Support Center permission to reveal my enrollment to my co-parent so there is no conflict in class attendance. I grant the Family Support Center permission to verify my attendance to any agent of the Judicial Court should the Court require information regarding attendance. (Please initial.)

I understand one of three payment options are available. Fees are payable in advance and non-refundable (initial payment choice):

_____ \$65 cash discounted fee for the class

_____ \$25 deposit and \$10 per week for 3 weeks with proof of low-income status

_____ \$25 deposit and \$15 per week for three weeks

_____ I understand payment must be paid in full in order to receive a Certificate of Completion.

Print Name

Signature

Date Registered

Co-Parent's Name

Office Use Only

Session Dates: _____

Date Paid in Full: _____ Certificate Issued On: _____

Provide a copy of this form to the client.