

Please indicate the date and location where you plan to attend the parent course.

“CHILDREN COPE WITH DIVORCE”:

\_\_\_\_\_  
(month, date, year)

\_\_\_\_\_  
(location)

**\$42.00 FEE PER PARENT**

Personal checks ***MUST*** be received 5 days before class to process the check. If in doubt, mail a money order or cash.

Not necessary to send by Registered/Priority mail

**Make payable to:**  
CHILDREN FIRST

**Mail to:**  
CHILDREN FIRST  
PO Box 151  
Sioux City, IA 51102

\$30.00 charge for all returned checks.

Grandparents, friends, step-parents, relatives, (not other biological parent) can attend with you for an additional \$10.00 fee per person.

\_\_\_\_\_ will be attending with me

Relationship \_\_\_\_\_

A restraining order/no contact order has been ordered.

**ATTENDANCE IS MANDATORY**

- **Attendance is REQUIRED** for both parents in all cases involving child custody or child visitation, including modification of custody and physical care. Parents may attend together or separately.
- **Children cope with divorce** is a four hour educational class designed to help minimize the negative impact of divorce on children at a time when parents are naturally preoccupied with their own adjustments. Recognizing that their joint roles as parents will continue to exist, the seminar helps parents begin to restructure their relationship and make appropriate plans for their children.

• **DO NOT CALL THE COLLEGES WITH QUESTIONS... Call: 402-681-1983**  
**Do not call to register. Mail the registration & fee.**

- This class is open to the public and is suitable for grandparents, step-parents, significant others as well as parents from other counties and states.

Grandparents, significant others and friends may attend with you for a \$10.00 registration fee. Include the fee with your registration and complete the registration form with the names and relationship of those attending with you.

• **CHILD CARE IS NOT PROVIDED. DO NOT BRING THE CHILDREN.**

**2015 SCHEDULE**

**CHILDREN COPE WITH DIVORCE®**

- Court Approved course for Divorcing and Unmarried Parents
- Required by Code of Iowa section 598.15 and laws of other states

You are required to attend within 45 days of beginning the divorce, modification or petition for custody/visitation.

**Do not call to register. Mail the registration and fee.**

#1

Mail the completed registration with fee to:  
Children First  
Box 151  
Sioux City, IA 51102

#2

Attend Class  
Take pen and paper with you.

This program is copyrighted as:  
**CHILDREN COPE WITH DIVORCE**  
**FAMILIES FIRST©**

*Sponsored by Children First*

## WHAT TO DO

1. COMPLETE the registration form (both sides) and please provide your case number
2. MAIL registration with a check, money order or cash to:

### CHILDREN FIRST

PO Box 151

Sioux City, IA 51102

3. ATTEND the class and receive a certificate of attendance. **NO CONFIRMATION of registration will be sent to you.** If you cannot attend the class for which you registered, your registration will apply at any class you attend.

**Do not call to re-schedule**

4. **Do not call the colleges or hospitals!**

### DO NOT CALL TO REGISTER.

#### Mail Registration and Fee

Questions? Call 402-681-1983

- ✓ The classes are **NEVER** full.
- ✓ THE CLASSES BEGIN ON TIME!
- ✓ **CREDIT WILL NOT BE GIVEN FOR LATE ARRIVALS.**
- ✓ **Do Not Bring the Children**

### FEES

The fee for the seminar is \$42 per parent. Registration with a personal check must be received 5 days before class to process the check. Registrations less than 5 days before class must be paid by money order or cash.

**Reduced fee:** Proof of income (such as a copy of Food Stamps, SSI, Title XIX, etc) must be provided with the registration and \$12 fee paid by cash or money order. No personal check. No low income fee or waived fee registrations will be accepted the day of class.

**Fee Waived:** Parents receiving legal aid services or pro bono attorney services pay no fee. Proof of legal aid services or pro bono attorney services provided by your attorney must be included with your registration.

## DATES, TIMES & LOCATIONS 2015

PLEASE ARRIVE  
15 minutes early to check in.

DENISON: Crawford Co. Hospital, 100 Medical Parkway

**Time:** 3:30 PM to 7:30 PM (Sat)

**Dates:** Jan. 24, Mar. 14, May 16, July 11, Sept. 12, Nov. 14

SIOUX CENTER: Dordt College, Ribbons Academic Complex, Room 1144

4984th Ave. NE (use Lot 10 Faculty Office Complex entrance).

**Time:** 8:00 AM to Noon (Sat)

**Dates:** Jan. 17, Mar. 21, May 9, July 18, Sept. 19, Nov. 21

STORM LAKE: BV Regional Medical Center Kallmer Education Center Room AB, use North Entrance Green Parking Lot

**Time:** 3:30 PM - 7:30 PM

**Dates:** Apr. 11, June 13, Aug. 8, Oct. 17, Dec. 12

EMMETSBURG: Iowa Lakes Community College, 3200 College Dr., Room 817, entrance #22

**Time:** 8:00 AM to Noon (Sat)

**Dates:** Jan. 31, Mar. 28, May 30, July 25, Sept. 26, Dec. 5

SPENCER: Iowa Lakes Comm. College, Gateway N

**Time:** 8:00 AM to Noon (Sat)

**Dates:** Feb. 14, April 18, Oct. 24, Dec. 12

SPENCER: Hospital, 1200 1st Ave. E.

Conference Room CEDAR

**Time:** 8:00 AM to Noon (Sat)

**Dates:** June 20, Aug. 22

SIOUX CITY: Morningside College Walker Science Center, Room 007 (basement)

1707 Morningside Ave. Park in Grace United Church lot back NW end. Use Jacobson Hall Entrance.

**Time - Evening Class:** 6:00 PM to 10:15 PM (Fri)

**Dates:** Jan. 23, Feb. 20, Mar. 13, Apr. 10, May 15, June 12, July 10, Aug. 7, Sept. 11, Oct. 16, Nov. 13, Dec. 18

**Time - Morning Class:** 8:00 AM to 12:15 (Sat)

**Dates:** Feb. 21, Mar. 14, Apr. 11, May 16, June 13, Aug. 8, Oct. 17, Nov. 14

## REGISTRATION FORM

DETACH and return with registration fee.  
Please print or write clearly.

Name: (as it appears on your records):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

County case filed in: \_\_\_\_\_

Type of case: \_\_\_\_\_

**Case Number:** \_\_\_\_\_

(ask your attorney if not known)

Month/Year filed: \_\_\_\_\_

Other Parent's full name: \_\_\_\_\_

Which parent filed the case (name):

Your attorney: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

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