$45.00 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.

Do not send by Registered/Priority mail

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**Make payable to: CHILDREN FIRST**

Mail to: CHILDREN FIRST PO Box 108 Ida Grove,IA 51445

$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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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

**• DO NOT CALL THE COLLEGES WITH QUESTIONS... Call: 712-898-7186 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.**

2018 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 108 Ida Grove, IA 51445

**#2 Attend Class. Take pen and paper with you.**

**#3** Prepare for class Read as much as you can www.UpToParent.org OR [www.ProudToParent.org](http://www.proudtoparent.org) go to

• swiamediationcenter.org P Forms (sample parenting plan - 9 pages.

• Iowa Judicial Branch P About the courts district courts - district 3 - News Releases and Orders (parenting plan check list and agreement - 4 pages).

WHAT TO DO

1. COMPLETE the registration form. Please provide your case number.

2. MAIL registration with a check, money order or cash to:

CHILDREN FIRST PO Box 108 Ida Grove, IA 51445

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 the class you attend.

4. Do not call to reschedule

5. Do not call the colleges or hospitals!

**DO NOT CALL TO REGISTER.**

Mail Registration and Fee Questions? Call 712-898-7186 / 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 $45 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 (a copy of Food Stamps, SSI or WIC) must be provided with the registration and $15 fee. Cash or money order only. No personal check. No low income fee or waived fee registrations will be accepted the day of class. Fee Waived: Parents receiving services from Legal Aid or have a pro bono attorney pay no fee. Proof of services from Legal Aid or pro bono attorney provided by your attorney must be included with your registration.

**DATES, TIMES & LOCATIONS 2018**

**PLEASE ARRIVE 15 minutes early to check in.**

DENISON: WITCC, 11 N. 35th, Denison, IA Time: 6:00 PM to 10:00 PM (Thur.) Dates: Feb. 1, May 3, May 24, July 12, Sept. 20, Nov. 15

SIOUX CENTER: Dordt College, Ribbons Academic Complex, Room 1144 498 4th Ave. NE (use Lot 10 Faculty Office Complex entrance). Time: 8:00 AM to 12:30 PM (Sat) Dates: Jan. 20, Mar. 17, May 5, July 14, Sept. 22, Nov. 17

STORM LAKE: BV Regional Medical Center Kallmer Education Center Room AB, use Main Entrance Green Parking Lot Time: 1:15 PM - 5:45 PM (Sat) Dates: Apr. 14, June 16, Aug. 18, Dec. 8

EMMETSBURG: Iowa Lakes Community College, 3200 College Dr., Room 817, entrance #22 Time: 8:00 AM to 12:30 PM (Sat) Dates: Feb. 3, April 1, June 30, Aug. 4, Sept. 29

SPENCER: Iowa Lakes Comm. College, Gateway N Time: 8:00 AM to 12:30 PM (Sat) Dates: Feb. 17, April 28, June 23, Aug. 25, Oct. 13, Dec. 1

SIOUX CITY: Unity Point St. Lukes Hospital 2720 Stone Park Blvd.Use main Entrance, elevator to LL, Room LL 302A Meeting Room. Time - Evening Class: 6:00 PM to 10:30 PM (Fri) Dates: Jan. 26, Feb. 9, Mar. 9, Apr. 6, May 4, June 8, July 6, Aug. 10, Sept. 14, Oct. 5, Nov. 2, Dec. 7

Time - Afternoon Class: 1:15 PM to 5:45PM (Sat) Dates: Feb. 10, Mar. 10, Apr. 7, May 12, June 19, Aug. 11, Oct. 6, Nov. 3

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Location of class you plan to attend.

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

**DO NOT CALL THE COLLEGES or HOSPITALS DO NOT CALL TO REGISTER Mail the registration and fee.**

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