

 **CHANNELS Of Understanding**  
**Registration and Information Form**

Name: \_\_\_\_\_

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

(City and zip) \_\_\_\_\_

Phone: (primary) \_\_\_\_\_ (other) \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children (list):

<u>Name</u>	<u>Age</u>	<u>Residing with?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How long have you been apart? \_\_\_\_\_

Are you separated, divorced, never married? (Explain) \_\_\_\_\_

Has there been violence in your relationship with the other parent and/or children?

Yes [ ] No [ ]

How long ago? \_\_\_\_\_ Is there a restraining order? \_\_\_\_\_

Has there ever been a substance abuse problem? Yes [ ] No [ ]

Is there or has there ever been a Child Custody or Psychiatric Evaluation? Yes [ ] No [ ]

Have there been accusations of physical or substance abuse? Yes [ ] No [ ]

If so, please explain \_\_\_\_\_

Have you been court ordered to attend this course? Yes [ ] No [ ] Case # \_\_\_\_\_

If so, do you need to complete by a certain date? \_\_\_\_\_

Who referred or sent you to CHANNELS? \_\_\_\_\_

- Classes begin as waiting lists are filled.
- Please enclose a check or money order made out to Su Brennan or to Mary Ann Aronsohn (NOT to CHANNELS, please) for \$100.00 per person registering. The deposit is non-refundable and saves you a spot on the waiting list for the next available course. The deposit will be applied to the course fee. Remainder of fee must be received by mail prior to the first class meeting. (Any other arrangements must be made ahead of time with an instructor.) After deposit is received and before the course begins, you will receive a confirmation of your enrollment and additional instructions by mail.
- The course is **not** designed for children, and childcare is not provided.

## **IMPORTANT COURSE INFORMATION**

Please know that the instructors of CHANNELS Of Understanding are well aware of the discomfort you may feel at signing up for a course like this. It is our experience over many years that co-parents have a better chance of operating more effectively if they both attend the course, do their homework, follow our guidance and do their best. There are no guarantees, of course, but we want you to be successful in your co-parenting relationship, and we will do our best to help you.

These are some things you need to know about the course:

### **CONFIDENTIALITY**

Everything that is said in this course will be held in strict confidence by the instructors, with a few exceptions. As “mandated reporters”, the instructors must notify the proper persons if we perceive anyone in the class to be a real threat to him/herself or to others.

If we are asked to write a report once you have finished the course, you and your co-parent must sign releases of information. Depending on the type and amount of information required, we may charge you from \$50 to \$200 for that report. Your payment must be received before we write a report. It is for this reason that we take notes during classes. We will keep track of your participation, homework, attitude and behavior.

It is very important that the course feel as safe as possible for attendees. Each of you needs to know that information you share must be used positively, and not used against you in any way, especially in any court proceedings. Co-parents who take the course, by signing this form, agree to keep information they hear from anyone in the course safe and private.

### **ATTENDANCE**

You are expected to be on time and attend every class. If you must miss a class, it is your responsibility to schedule and pay for a make-up session with Su Brennan. The make-up will cost \$100.00. You will not receive a certificate if you do not complete the entire course.

### **LIMITATIONS**

Your participation in CHANNELS Of Understanding is participation in a co-parenting education course. It is not to be confused with psychotherapy, psychological evaluation or a child custody evaluation. We are a Marriage and Family Therapist and a Certified Parent Educator, operating as instructors for the purposes of helping you to increase your co-parenting effectiveness for the sake of your children.

I understand and agree to the above:

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Signature

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Date