

Date: _____

These 6 hour workshops are held once a month alternating between two Monday evenings from 6 - 9 pm and one Saturday from 9 am - 4 pm with a 1 hour break.

Please number up to three dates in order of preference. (1 = first, 2 = second, etc)

We will call you to confirm registration.

2018 Parents Apart® workshops

- ___ January 8 & 22, Mondays
- ___ February 17, Saturday
- ___ March 12 & 19, Mondays
- ___ April 14, Saturday
- ___ May 7 & 14, Mondays
- ___ June 16, Saturday
- ___ July 9 & 16, Mondays
- ___ August 11, Saturday
- ___ September 10 & 17, Mondays
- ___ October 13, Saturday
- ___ November 12 & 19, Mondays
- ___ December 15, Saturday

Name _____

Mailing Address _____

City _____ State _____

Zip Code _____

Phone: (work) _____

(home/cell) _____

Email: _____

Full name of other parent: _____

Are you Court Ordered? ___ Yes ___ No

Docket #: _____

File #: _____ **# of Children** _____

If not court ordered, referral source: _____

Are you in danger of your partner or ex-partner doing any of the following:

- Physically hurting you by pushing, grabbing, slapping, hitting, choking or kicking you?
- Threatening to hurt you or your children or someone close to you?
- Stalking, checking up on you or following you?
- Making you afraid?

___ **YES** (You will be contacted by the *Parents Apart®* Coordinator). **Please indicate the safest way to contact you.** _____

___ **NO** (None of the above applies to me or I choose not to answer at this time.)

For help and support if you answered YES
call the Advocacy Center, 607-277-5000 (24 hr)
www.theadvocacycenter.org

Cost: \$60—\$100 program fee* payable to CCE-Tompkins

Please indicate your choice of payment:

___ **check enclosed, amount** _____

___ **pay when attending, amount** _____

___ **credit card (we'll call you)**

___ **request a reduced fee (we'll call you)**

*Program fees are based on a self-determined sliding scale. Amounts over \$60 are used to provide scholarships for those in need, and represent a tax-deductible contribution to our program.

Phone: 272-2292

Fax: (607)272-7088

www.ccetompkins.org

Return completed forms to:

Emailed: jcg33@cornell.edu

Mailed: Parents Apart, attn.: Jennifer Gray
Tompkins County Cooperative Extension
615 Willow Ave, Ithaca, NY 14850