



Co-Parenting Class Registration Form

Last Name:		First Name:		Date of Birth	
Street Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Email:		Cell Phone:	Work Phone:		
Tribal Affiliation:		CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:					
Co-Parent Name:					
Has a Protection Order (PO) been issued on either party? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Judge's Name:		County:	Case #		

Please make arrangements for childcare. Childcare is not available and children are not allowed in class. To avoid disruption, admission is not allowed after class begins.

RELEASE OF INFORMATION

(Please Print)

I, _____, authorize Osage Nation Child
Care Department, to disclose to _____

the following information:

(Name to which disclosure can be made)

(Please check all that apply)

_____ Attendance & enrollment date;

_____ Copy of certificate of completion

Other:

_____;

_____.

I understand that my records are protected and confidential and cannot be disclosed outside of the Osage Nation government without my written consent. I also understand that I may revoke this consent in writing at any time.

Signature

Date

CONFIDENTIALITY AGREEMENT

By signing the agreement, I understand that *Crossroads of Parenting and Divorce* class attended through the ~~HAZAZO~~ Child Care Department is confidential. I agree to respect the confidentiality of all persons present in the class (including but not limited to: not discussing any names, circumstances or specific discussions taking place in class; not taking photographs or recordings of the classroom or participants with any type of camera or recording device including those on cell phones). I further agree that if I am suspected of being in breach of this confidentiality agreement by the class facilitator or Department Director, I will be asked to leave and will not receive my certificate of completion. I will also be prohibited from attending a *Crossroads of Parenting and Divorce* class with Osage Nation Child Care Department for a period of one (1) year from the date of the violation.

Signature

Date

PARENTING CLASS AGREEMENT

_____ I understand that any violation of confidentiality may result in immediate dismissal.

_____ I understand that I have to attend the whole class to receive my certificate of completion.

_____ I, the undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: participation in ~~4/2/20~~ Child Care Co-Parenting Class is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

_____ I understand that the information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

Participant Signature: _____

Date: _____

Facilitator Signature: _____

Date: _____