



Parenting Separately Registration Form

Date of Class: _____

Name: _____

Address: _____

Home Phone: _____ Cell _____

Email Address: _____

Relationship to child(ren) Check one. Father _____ Mother _____ Legal Guardian _____
Step-parent _____ Grand-Parent _____ Other _____

Age(s) of child(ren) involved: _____

Why are you attending Parenting Separately?

Were you Court Ordered? Yes _____ No _____

Divorce Case _____ Custody Case _____ Other _____

Judge's Name: _____

Attorney ad Litem involved? Name: _____

Length of time since divorce and/or separation from co-parent: _____

If not court ordered, how did you hear about class? _____

If you have any questions, call (870) 935-4673 or (888) 668-5433

Please email completed form to tevins@betterlife.org or mail to

**Better Life Counseling Center
1605 James Street, Jonesboro, AR 72401**