



Center for Children
& Families, Inc.

Children in the Middle: 8 Week Parenting Class

Class Topics

Week 1: Introductions: Child's Best Interest

Week 2: Divorced Parenting Styles

Week 3: Communication Skills

Week 4: Court vs. Mediation

Week 5: The Loyalty Bind

Week 6: Badmouthing and Alienation

Week 7: Child Support and Visitation

Week 8: Child Behavior and Play Therapy

This eight week class provides valuable skills for parents who are in conflict due to divorce, separation, or ongoing child custody issues. The class topics are designed to help parents better communicate with each other and to learn ways to reduce conflict. When conflict between parents is minimized, children are happier, healthier, and more emotionally stable. Anyone in a parenting role who is struggling with intense emotions, unproductive communication, or challenging child behavior due to divorce/separation will benefit from participating in this class.

This eight week class is **FREE** of charge. Pre-registration is required. For more information please call 364-1420. You may enroll in person or by faxing this registration packet to 364-1433.

Children in the Middle-Enrollment Form

NO CHILDCARE PROVIDED FOR CLASS, PLEASE MAKE OTHER ARRANGEMENTS

Your Information			
Your Full Name + Maiden:			
Email Address:			
Address:	City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	
Birthday:		Social Security Number:	
If you are currently in a relationship, with who?			
Where do you work?:		Work Schedule:	
Other Party's Information			
Other Party's Full Name:		Home Phone:	Alternate Phone:
Address:	City:	State:	Zip:
Attorney Name:		Attorney Phone:	
Attorney Address:	City:	State:	Zip:
Who Referred You (Circle One)		Court Order	DHS Recommended
OKDHS Child Support Services		Voluntary	

2012 Class Schedule

Date: _____

Staff Initials: _____

Please check the box of the 8-week class you wish to attend:

Monday Evenings 6:00PM-7:30PM	Tuesday Afternoons 12:00PM-1:30PM	Tuesday Evenings 5:30PM-7:00PM	Thursday Evenings 5:30PM-7:00PM
<input type="checkbox"/> Feb. 13–April 9	<input type="checkbox"/> Feb. 21st-April 10th	<input type="checkbox"/> June 12th-July 31st	<input type="checkbox"/> Feb. 23rd-April 12th
<input type="checkbox"/> April 16th-June 11th	<input type="checkbox"/> April 17th-June 5th	<input type="checkbox"/> Aug. 7th-Sept. 25th	<input type="checkbox"/> April 19th– June 7th
<input type="checkbox"/> June 18th-Aug. 6th	<input type="checkbox"/> June 12th-July 31	<input type="checkbox"/> Oct. 2nd–Nov. 20th	
<input type="checkbox"/> Aug. 13th-Oct. 8th	<input type="checkbox"/> Aug. 7th-Sept. 25th	<input type="checkbox"/> Nov. 27th-Jan. 29th	
<input type="checkbox"/> Oct. 15th-Dec. 3rd	<input type="checkbox"/> Oct. 2nd–Nov. 20th		
<input type="checkbox"/> Dec. 10th-Feb. 11th	<input type="checkbox"/> Nov. 27th-Jan. 29th		

Important: If your class is full or the other party has previously enrolled, you will be contacted to reschedule.

Children in the Middle Packet—Please Fill Out Completely!

Your Case Information							
Judge Name:				Case Number:			
Is this situation a (Circle One): Separation Divorce Guardianship Paternity							
Next Court Date:							
Attorney Name:				Attorney Phone:			
Attorney's Address:				City:		State:	Zip:
About Your Children:							
Child Full Name	Birthday	Social Security #	Sex	Age	Race	Grade	Lives With?
Have any of the children been abused or neglected? (Circle One) Yes No							
Have there been any Child Welfare investigations on you, the other parent, or the children? (Circle One) Yes No							

About Child Support:

How much has been ordered?		Are payments current or delinquent?	
Who is ordered to pay?		Do you use the Child Support Enforcement Agency? Y / N	

About Visitation/Custody:

Who has custody of the children?
What is the Court ordered visitation schedule?
Date and Time length of last visitation between the children and the non-custodial parent:
If there has been a break in the visitation schedule, why?
How often do you think the children should see EACH parent?

Y / N Is your child aware of the conflict/custody visitation problems between you and the other parent?

Y / N Do you talk to your child about the conflict?

Y / N Does your child know about Court dates/decisions?

Y / N Is there a difference between discipline and punishment?

What types do you use? (Circle all that apply) Time Out Spanking Loss of Privilege Stand in Corner

The Children In the Middle parent education series is required for all adult DVA clients . DVA services also include supervised visits, supervised exchanges and mediation services. Please check below ALL the services in which you may be interested.
 Supervised Visits Supervised Exchanges Mediation Services

About Drugs and Alcohol:

Y / N Do you have a history of substance abuse? Y / N Are you clean and sober now?

Y / N Does the other parent have a history of substance abuse? Y / N Is the other parent clean and sober?

About Domestic Violence:

Y / N Have you been violent to anyone? Y / N Has the other parent been violent to anyone?

Y / N Have you been the victim of violence? Y / N Is there a VPO between you and the other parent?

About Sexual Abuse:

Y / N Have you been the victim of sexual abuse? By whom?

Y / N Have the children been victims of sexual abuse? By whom?

Y / N Have you been sexually abusive to anyone?

Y / N Has the other parent been sexually abusive to anyone?

Other Issues:

Y / N Are you in therapy? Give name, address, phone number of therapist:

Y / N Are you on any medication? What medication? For what?

Y / N Is any child in therapy? Give name, address, phone number of therapist.

Y / N Is any child on medication? What medication? For what?

Y / N Is the other parent in therapy? Give name, address, phone number of therapist.

Y / N Is the other parent on any medication? What medication? For what?

How many times have you been to court about divorce/custody/visitation/child support in the past 6 months?

How many times has child visitation been cancelled (or not occurred when scheduled) in the past 6 months?

Please mark the box that most closely reflects YOUR feelings today:

	All the time	Most the time	Some of the time	Not often	Never
I am angry about the divorce/separation					
I am sad about the divorce/separation					
I understand my children's feelings about the divorce					
I worry how our kids are coping with the divorce/separation					
Our kids have a good relationship with me					
Our kids have a good relationship with other parent					
I am angry at the other parent					
The other parent is angry with me					
I am flexible about changes in visitation plan					
The other parent is flexible about changes in the visitation plan					
I can discuss issues calmly with other parent					
The other parent can discuss issues calmly with me					
The visitation plan works for our children					
The visitation plan works for the parents					

What are you worried about right now?

Alcohol/Drug Use	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Anger Management	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Lack of Parenting Skill	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Visitation Interference	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Violence	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Communication Difficulties	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Other:	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent

What support/services are going on right now?

Therapy/Counseling	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Anger Management	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Parenting Classes	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
12 Step Program/Recovery	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Mediation	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
Other:	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent
None:	<input type="checkbox"/> Me	<input type="checkbox"/> Other Parent

PLEASE FILL OUT COMPLETELY

We are pleased to be able to offer Children in the Middle classes at NO charge; thanks to funding from the Department of Mental Health and Substance Abuse Services in their endeavor to help us help children and families by reducing levels of stress and conflict for parents.

Our contact requires us to provide the following confidential information to be used for statistical purposes only by the Department so that they may in turn make requests for funding from the Federal government. By providing the information below you insure that the Department reimburses CCFI for your participation in the Children in the Middle classes. The following questions have no impact on your CCFI services, as they are for statistical purposes only and DVA staff do not review the information below.

Race: Please check all that apply.

- White/Caucasian
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American

Ethnicity:

- Hispanic/Latino

Employment:	Employment Type:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Wage/Salary
<input type="checkbox"/> Part-time	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Currently Unemployed	<input type="checkbox"/> Student
<input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Retired
	<input type="checkbox"/> Disabled
	<input type="checkbox"/> Other

Education:

What is the highest grade or level of education you have completed? _____

Are you currently in school/program? _____

Gender:

- Male
- Female

Who referred you to CCFI-DVA services?

Military:

- No
- Veteran
- Active Duty

Tobacco Use:

- Yes
- No

How many times in a 24hr period. _____

County:

- Cleveland (14)
- Oklahoma (55)
- McClain (44)
- Grady (26)
- Other: _____

Zip Code: _____

Marital Status:	Pregnancy Status:
<input type="checkbox"/> Never Married	Are you pregnant? _____
<input type="checkbox"/> Married	If yes, when are you due? _____
<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed	
<input type="checkbox"/> Living as Married	
<input type="checkbox"/> Separated	

Current Residence:

- Permanent/Private house, Duplex, apartment, Etc.
- Temporary Housing, hotel, Motel, friend, Family
- Shelter-Homeless
- Homeless-On Street, In Car

Annual Income:	Do you receive benefits?
What is your annual income?	<input type="checkbox"/> SSI
_____	<input type="checkbox"/> SSDI
How many people are dependant on/ or contribute to your income?	<input type="checkbox"/> Medicare
_____	<input type="checkbox"/> Medicaid

Living Situation:

- Alone
- With family-spouse, kids, other relatives, etc.
- With non-related persons

How many times have you been arrested in the last 30 days? _____

How many times have you been arrested in the past 12 months? _____

How many times have you attended self-help/support groups in the last 30 days? _____