



A program to help parents reduce the impact of their breakup on the children

Description:

A.C.T.~For the Children provides divorcing or separating parents, at any stage of their breakup, with information and strategies to help their children and themselves through the often difficult family changes caused by a divorce or separation. The primary goal is to teach parents ways to reduce the stress of family changes, parent effectively, and protect their children from the harmful effects of ongoing conflict. A.C.T.~For the Children is presented through the volunteer efforts of mental health professionals, judges, and attorneys.

What to Expect:

The four and one-half hour (4-1/2 hour) class consists of two components:

- *Legal Process - addresses the factors judges consider when making a custody decision, child support, importance of complying with court orders, and ways to resolve issues of the breakup through negotiation or litigation.*
- *Parent and Child Well-Being - looks at the impact of breakup on parents and children, the importance of parents taking care of themselves so they can parent well, how to have a good relationship with and support your child, the importance of keeping your child out of your conflict with the other parent and ways to interact with the other parent to reduce conflict.*
- *Parents are provided with a Parent's Handbook and Resource Manual.*
- *Class is held in downtown Rochester - location to be given with enrollment confirmation.*

Enrollment:

- *A **confidential** enrollment form (printed on reverse side) must be completed and submitted to contact below. Fee is \$100.00 and nonrefundable. Scholarships are available based upon need. See contact information below to obtain a scholarship application form.*

Contact information:

- *A.C.T. ~ For the Children-Rochester, NY, 279 Castlebar Road, Rochester, NY 14610
Phone: 585/615-8032. Fax: 585/784-4227
E-mail: actforchildrenroc@gmail.com
Website: ACTForChildren-Rochester.com*

A.C.T. ~ FOR THE CHILDREN-ROCHESTER, NY

CONFIDENTIAL ENROLLMENT FORM - 2016

Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Phone: _____
Home Cell Work

E-mail: _____ Fax: _____

Circle preferred method for receiving information: US Post Office Mail E-mail Fax

Class size is limited. Parents are enrolled in order that application is received. You cannot be placed in the same class as your child(ren)'s other parent. Name of Child(ren)'s Other Parent: _____

Class fee is \$100.00 and nonrefundable. Payment must be received for enrollment to be complete. Send Enrollment Form with check/money order or credit card information to contact on reverse side.

Payment options:

(1) Check or money order for \$100.00 made payable to Assisting Children Through Transition, Inc. You will be charged the bank fee for any checks returned due to insufficient funds.

(2) Credit Card: **(circle one)** Mastercard Visa Account Number: _____
Expires: _____ Security Code: _____
Cardholder's Signature: _____

(3) If you have financial hardship submit the Scholarship Application with the Enrollment Form. Scholarship Application can be found on the website or can be requested via contact on reverse side.

2016 Class Dates (Circle date you prefer). Class Time: Noon - 4:30 PM (Mon); 9:00 AM - 1:30 PM (Sat)

January 11 (M) February 8 (M) March 12 (S) April 11 (M) May 9 (M) June 4 (S)
July 11 (M) August 8 (M) September 17 (S) October 17 (M) November 14 (M)

You will receive a confirmation e-mail or letter telling you class date and location. You are not enrolled until you receive this confirmation. Class sign-in begins ½ hour before class.

PLEASE ANSWER by Circling Yes or No: Are you currently in danger of your partner or ex-partner doing any of the following: (1) Physically hurting you by, for example, pushing, grabbing, slapping, hitting, choking or kicking? OR (2) Threatening to hurt you, your children or someone close to you? OR (3) Stalking, checking up on you or following you? OR (4) Making you afraid?

Yes - you will be contacted by the program administrator. Please indicate the safest way to contact you _____

No - None of the above applies to me or I choose not to answer these questions at this time.

If your case is in court:

Judge's Name _____

Family Court File Number: _____ /Supreme Court Index Number: _____

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E-mail: actforchildrenroc@gmail.com

Website: ACTForChildren-Rochester.com