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Enrollment in Co-parenting with my Ex © (COPE©) By ZOOM

For: _____ Co-parent name: _____

The goal of Co-Parenting with Your Ex© is to help parents reduce conflict, improve communication, and negotiate parenting agreements in the best interests of their child(ren). This class meets via telehealth, a HIPAA compliant version of ZOOM. Each parent must have access to a web cam, microphone or mobile phone with those capabilities.

COST: \$400 per parent for the 6 week class. **You can pay by credit card or Zelle.**
I hereby authorize Dr. Carol Hirshfield to charge to charge the **\$400 fee per parent** for enrollment in COPE class:

____Master Card ____ Visa ____American Express ____Discover

Card No. _____

Expiration Date _____ CVV Code (3 #s on back; or 4 digit for AM EX: _____

Name as it appears on my card: _____

Billing Address: _____

Address

City

State

Zip code

For Payment by Zelle: use drcarol@drcarolhirshfield.com

If I decide not to take the class, I will give at least 1 week notice prior to the first class. A check will be sent minus a \$25 processing fee. Once the class begins, I understand I am not entitled to any refund.

Signed: _____ Date: _____