Cooperative Parenting, San Diego Registration Form

Please complete this form & bring it to your first class.

Date				
* Who refe	rred you to take this class?			
NameEmail				
Home Addre	(Street)		(2)	(7)
	(Street)		(City)	(Zip)
Other Paren	t Name	Email		
	t Address(Street)			
Other Parent Phone			(City)	(Zip)
3 4.1 01 2 4.1 0.1	Your Tuition \$		e fill this in)	
	Annual Gross Income	Course Tuition	Week Payme	ŭ
	\$80,000 or more	\$450	\$150	
	\$60,000 - \$79,999	\$375	\$125	
	\$40,000 - \$59,999	\$255	\$85	
	\$0 - \$39,999	\$180	\$60	
made by cashinstallments once for the		Master Card only). P cash or check only.	ayment can be Credit card ch	made in three arges are processed
Parenting. A	ition: Parents are encouraged to a guest who wants to receive a gradulative. If no certificate is desired,	duation certificate p	ays 50% of the	
If you are	paying by check, please make	e it payable to: C	ommit to	Live Inc.
Credit C	ard #:		Exp. Da	ate
Name on card 3 digit code Zip code				