

**COLLEGE OF LAKE COUNTY
FAMILY PARENTING REGISTRATION FORM**

111 N. Genesee Street
Waukegan, Illinois 60085
(847) 543-2185

Family Parenting Program

- This is a 4-hour educational course offered by the College of Lake County.
- This course is designed to offer parents with minor children, the opportunity to learn about and discuss the effects of divorce on minor children.
- Parents will be scheduled into separate classes, if requested. Children are not allowed in the class.

Registration

Course Fee: \$50.00 per participant. No cash payments accepted.

- **To Register: (preferred method) by Mail or In Person:** Complete this form and mail to or appear in person at the address below. Personal checks, certified bank checks, money orders, or credit cards are accepted. No cash accepted.
- **To Register by Phone: (CREDIT CARD ONLY.)** Call (847) 543-2185.
- **To Register by Fax: (CREDIT CARD ONLY.)** Call (847) 543-2188.
- **Send the registration form and payment to:**

**College of Lake County
111 North Genesee Street
Waukegan, IL 60085**

Rescheduling:

You may reschedule once without a charge, each additional change will result in a \$15.00 rescheduling fee.

- *For Registration to be complete you must pay the fee to the Family Parenting Program; do not pay the Court.*
- *Classes will be confirmed once payment is received.*
- *NOTE: Failure to notify the Family Parenting Program of your inability to attend your class before your class date will result in a \$30.00 additional fee. For more information, go to <http://wpd.cicillinois.edu/judicial/>*

Registration Form
(Check one box for each question)

All requests will be honored as much as possible.

1. Preferred class location and time:

College of Lake County-Main Campus
19351 W Washington, Grayslake
 Saturday 8:00 AM
 Evening 6:00 PM

College of Lake County - Lakeshore Campus
111 N. Genesee Street, Waukegan
 Saturday 8:00 AM
 Evening 6:00 PM

College of Lake County - Southlake Ed. Center
1120 S. Milwaukee Ave, Vernon Hills
 Saturday 8:00 AM

2. Preferred Language:
 English Spanish

3. What is most important to you?
 Time of Day Location

****YOU WILL BE NOTIFIED BY MAIL OF YOUR CLASS ASSIGNMENT DATE AND LOCATION.**

**NO PUEDE LEER O COMPRENDER ESTA FORMA,
FAVOR LLAMAR (847) 543-2185.**

Revised 8/24/09

Student Information
(Please Print in Ink)

Case # _____ Sex M F

Last Name _____ Middle Initial _____

First Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Birth date: _____ Ages of Children: _____

Daytime Phone: (Area Code): _____

Evening Phone: (Area Code): _____

Check Number: _____ Amount: \$ _____

Credit Card: Amount \$ _____

Visa MasterCard
 American Express Discover

Credit Card Number _____ Exp. Date _____

Signature of Card Holder _____