College of Lake County Family Parenting Registration Form

111 North Genesee Street, Waukegan, Illinois 60085 Phone (847) 543-2185 wpdi.clcillinois.edu/judicial

- 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.

Please register as soon as possible. Classes fill quickly.

Rescheduling Fee

You may reschedule a class up to 48 hours prior to the class date once at no charge. Each additional rescheduling fee will be \$15.00.

- For registration to be complete you must pay the fee to the CLC Family Parenting Program; do not pay the Court.
- Classes will be confirmed once payment is received.

No puede leer o comprender esta forma, favor (lamar (847) 543-2185.

 NOTE: Failure to notify the Family Parenting Program of your inability to attend your class before your class date will result in a \$50.00 additional fee.



Course Fee

Instructor-led course fee: \$50.00 per participant.
Online course fee: \$150.00 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 debit/credit cards are accepted. No cash accepted.

Send the registration form and payment to: College of Lake County Judicial Services 111 North Genesee Street Waukegan, IL 60085

- To Register by Phone: (debit/credit card only)
 Call (847) 543-2185.
- To Register by Fax: (debit/credit card only) Call (847) 543-2188.

For more information, visit wpdi.clcillinois.edu/judicial

Location map on back.

Remove and keep top portion for your information. CLC is not responsible for lost, late or undeliverable mail.

REGISTRATION FORM (Complete form in ink. Please print) Student Information: Check one box for each question All requests will be honored as much as possible. $\Box F$ Sex □ M 1. I would like my class: Case Number ☐ Internet [] Instructor-led 2. Preferred instructor-led class location and time: Middle Initial Last Name College of Lake County - Grayslake Campus 19351 W Washington, Grayslake Apt No. 8 a.m. Address ☐ Saturday ☐ Weekday Evening 6 p.m. College of Lake County - Lakeshore Campus Zip Code City 33 N. Genesee Street, Waukegan ☐ Saturday 8 a.m. Ages of Children Birth Date ☐ Weekday Evening 6 p.m. College of Lake County - Southlake Campus Evening Phone (Include area code) Daytime Phone (include area code) 1120 S, Milwaukee Ave, Vernon Hills □ Saturday 8 a.m. Check Number _____ Amount: \$ 3. Preferred Language: Credit Card: Amount: \$_ ☐ Spanish English ☐ MasterCard □ Discover □ American Express □ VISA 4. What is most important to you? □ Time of Day Location Expiration Date Credit Card Number You will be notified by mail of your class assignment date and location. Revised 5/14 Signature of Card Holder