

**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://wpdi.clcillinois.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 Campus**  
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.**

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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