

REGISTRATION FORM

COMMUNITY EDUCATION YOUTH PROGRAMS



Please print in ink. Use this form to register for youth programs only. Return this form via the following methods (phone and online are not available for youth registration):

Walk-in Registration: Sugar Grove (Student Center, Room 249)
 Aurora Downtown Campus (First Floor, Room 112)
 Aurora Fox Valley Campus (Second Floor, Room 235)
 Plano Campus (First Floor, Room 127)

Mail: Registration and Records
 Waubonsee Community College
 Route 47 at Waubonsee Drive
 Sugar Grove, IL 60554-9454

Fax: Fill out and fax to (630) 466-4964

Youth Registration Details: For questions regarding registration, call (630) 466-2370. If you have specific program questions, call (630) 466-2360. Refunds: Participants who wish to withdraw and receive a full refund must do so at least four calendar days prior to the first class meeting.

STUDENT REGISTRANT INFORMATION

Student ID (if known) X _____ Child's SS # _____

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Gender: M F Has child attended WCC previously? Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian Name:

Last: _____ First: _____ Middle: _____

Parent or Guardian Phone Number: _____

Emergency Contact Name:

Last: _____ First: _____ Middle: _____

Emergency Contact Phone Number: _____ Relationship to Student: _____

TICKET #	CRN	COURSE NAME	LOCATION	FEES

IMPORTANT

In consideration of my child's participation in youth programs offered through Waubonsee Community College Community Education, I, the undersigned parent/guardian, attest that my child is in good health to participate in this activity. I agree that my child/ward will abide by the rules and regulations of Waubonsee Community College and recognize that failure to do so may result in my child's exclusion from the class. I am aware of the risks involved with this activity and assume those risks. I release Waubonsee Community College, its trustees, officers, employees and agents from any and all claims for any injury, loss, damage, accident or expense arising from child's participation in the youth program.

Signature of Parent or Guardian _____ Date: _____

PAYMENT INFORMATION PAYMENT IS DUE AT TIME OF REGISTRATION. PAYMENT INFORMATION IS DESTROYED AFTER PROCESSING.

Cash Check VISA MasterCard Discover American Express

Card Number _____ Exp. Date: ____/____ CVV: _____

Authorized Credit Card Signature: _____

Billing Zip Code: _____ Name printed on Card: _____

Total Fees: _____

Financial Code

1. _____

2. _____

All information provided to Waubonsee Community College will be kept confidential with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380) Waubonsee does not discriminate based on any characteristic protected by law in its programs and activities. If you need a sign language interpreter or an accommodation for this trip, please contact Community Education at (630) 466-2360 or communityed@waubonsee.edu. A minimum of two weeks notice is requested.