

# College of DuPage Youth Registration Form

Student Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ / Female \_\_\_\_\_

Ethnic Origin (optional):  Caucasian  Asian/Pacific  Hispanic  
 Native American  African-American

Course Title	Code Number	Fee
_____	_____ - _____ - _____	\$ _____
_____	_____ - _____ - _____	\$ _____
_____	_____ - _____ - _____	\$ _____
_____	_____ - _____ - _____	\$ _____
_____	_____ - _____ - _____	\$ _____
_____	_____ - _____ - _____	\$ _____

Total Fees \$ \_\_\_\_\_

**A 100% refund is granted for withdrawal up to one business day prior to first class. A full refund is granted if the course is canceled.**

Payment of Fees:  Check enclosed (Make payable to College of DuPage)

Charge to:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

**Mail/Fax registration to**

Continuing Education, Building K, Room 165  
 College of DuPage, 425 Fawell Blvd., Glen Ellyn, IL 60137-6599  
 Fax registration to: (630) 942-3785  
 Phone registration: Call (630) 942-2208