

## Four Easy Ways to Register

### 1. ONLINE

Have the class information and your credit card ready, and login to <https://citruscollege.augusoft.net>. For detailed online instructions, see page 5.

### 2. BY MAIL

Fill out the registration form, and include a check or money order payable to "Citrus College." If you're using a Visa, Mastercard or Discover card, include account information. Mail to:

**Continuing Education Office/Citrus College**  
1000 W. Foothill Blvd.  
Glendora, CA 91741-1885

### 3. BY PHONE

Have the class information and your credit card ready. Call **626-852-8022**.

### 4. BY FAX

Fill out the registration form including credit card account information and fax it to **626-852-8028**.

### 5. IN PERSON

Register at the Continuing Education Office in the Lifelong Learning Center throughout the semester.

## Community Education/Fee-Based Classes Only

*Please Print*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

ZIP Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

*Please List Each Class You Wish To Enroll In*

Class	Course Number	Date	Time	Room Location	Fee
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

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

Visa ( ) Mastercard ( ) Discover ( ) Check # \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name of Card Holder (please print clearly) \_\_\_\_\_

# Parental Consent Form

*This form must be properly completed, and must accompany the registration application and payment. See classes for specific registration information. Signing indicates parents' or guardians' understanding and acceptance of rules and regulations for Community Education youth classes.*

I give my consent for my son/daughter \_\_\_\_\_ to participate in Community Education youth classes, and release the Citrus Community College District and any instructors and assistants on staff from liability arising from my child's participation in said programs or classes. I understand the college does not provide health and medical insurance for participants, and release Citrus College from any medical liability incurred as a result of his/her participation. I hereby authorize the staff of the Citrus Community College District to act for me according to their best judgment in any emergency requiring attention, and hereby waive and release Citrus Community College District from any and all liability for injuries or illness incurred while attending youth classes.

I have no knowledge of any physical impairment that would be affected by the above student's participation in youth classes.

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

I give my permission for my child to be photographed during youth classes. His/her photograph can be used in promotional materials, including catalogs, class schedules, brochures and other marketing for the college. I understand that no compensation will be paid to me for use of my child's photographs.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Registration Form for Youth

## Community Education/Fee-Based Youth Classes Only

*Please Print*

Youth Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State, ZIP Code \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

*Please List Each Class You Wish to Enroll Your Youth*

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Start Date \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

Visa ( ) Mastercard ( ) Discover ( ) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Name of Card Holder (please print clearly) \_\_\_\_\_

OFFICE USE ONLY  
DATE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ CK \_\_\_\_\_ CA \_\_\_\_\_