



# Registration Form

Student's Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (Parent) (\_\_\_\_) \_\_\_\_\_ Work (Parent) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
School Currently Attending (2010-2011)

\_\_\_\_\_  
Grade Entering Fall 2011

**Please indicate shirt size:**  
**Adult** \_\_\_S\_\_\_M\_\_\_L\_\_\_XL  
**Child** \_\_\_S\_\_\_M\_\_\_L  
**(Not all classes include T-shirts.)**

**The following demographic items are requested for state reporting:**

Is your child Hispanic or Latino?  Yes  No  Male  Female  
Is your child from one or more of the following racial groups?  White  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  
Is your child in the United States on a Visa-Nonresident Alien?  
 Yes  No  
If yes, please indicate Visa type \_\_\_\_\_  
Identify your child's primary racial group from the list above: \_\_\_\_\_

**Course Code or**

<b>Prefix/Number/Section</b>	<b>Course Title</b>	<b>Fee</b>

Please complete **Payment Information** below. **Total Fees:** \_\_\_\_\_

**By completing this form you authorize the College to secure medical treatment for your child in the event of an emergency.**

**Emergency Information**

Emergency Phone # while student is in class (name/#) \_\_\_\_\_  
If person at this number cannot be reached, try (name/#) \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Hospital Affiliation:  Advocate BroMenn Medical Center  OSF St. Joseph Medical Center  Either  
Please list any medical or physical information we should be aware of (i.e. allergies, diet restrictions): \_\_\_\_\_

**Notice of Photo/Film Release**

Occasionally, students are photographed or filmed in HCC classes. I consent to publication of such photos/film for use in the promotion or advertisement of Heartland Community College.

**Check here only if you do NOT consent to photo/film release.**

**FOR OFFICE USE ONLY**  
Date Received \_\_\_\_\_ Initials \_\_\_\_\_ EMPLID# \_\_\_\_\_  
Confirmation Mailed \_\_\_\_\_

**SUMMER 2011**

**Register by phone: (309) 268-8160**

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 Check enclosed, payable to Heartland Community College  
 Please charge my credit card for the fees indicated above  
 Master Card  Visa  Discover Card  American Express  
Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 \_\_\_\_\_  
Signature (name on card) \_\_\_\_\_