HEARTLAND COMMUNITY COLLEGE
CHILD DEVELOPMENT LAB

1500 W. Raab Road, Normal IL 61761
Ph: 309-268-8210 Fax: 309-268-7965
childlab@heartland.edu www.heartland.edu/cdl

Night Hawks Child Care Registration

Date: _____

(Please Print)

_____ Guardian #1 Full Name	_____ Guardian #2 Full Name
_____ Home Address	_____ Home Address
_____ City, State, Zip	_____ City, State, Zip
_____ Preferred E-Mail address	_____ Preferred E-Mail address
_____ C) Phone	_____ C) Phone
_____ H) Phone	_____ H) Phone
_____ W) Phone	_____ W) Phone
_____ Employer	_____ Employer
HCC Affiliation: __student __employee	HCC Affiliation: __student __employee
Are you a Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers)	Are you a Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers)

Child(ren) Information:

1. _____ Child's Full Name:	_____ DOB	_____ Age	M / F Gender
2. _____ Child's Full Name:	_____ DOB	_____ Age	M / F Gender
3. _____ Child's Full Name:	_____ DOB	_____ Age	M / F Gender

Emergency Contact Information

1_____ **Person's Full Name**	_____ **Relationship to Child**	_____ **Phone Number**
2. _____ **Person's Full Name**	_____ **Relationship to Child**	_____ **Phone Number**

3. _____ _____ _____

Person's Full Name **Relationship to Child** **Phone Number**

Care Schedule:

Please fill out your expected drop off and pick up times. NOTE: You must remain on HCC's campus to use the drop-in care service.

_____Monday _____Tuesday _____Wednesday _____Thursday

_____ _____

Guardian Signature Date