



Registration Form

Student's Legal Name _____ SSN _____ Birthdate _____

Address _____

City _____ State _____ Zip+4 _____ County _____

Home Phone (____) _____ Cell (Parent) (____) _____ Work (Parent) (____) _____

Name of Parent or Legal Guardian

School Currently Attending (2015-2016)

Grade Entering Fall 2016

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

Prefix/Number/Section _____ **Course Title** _____ **Fee** _____

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 2016

Register by phone: (309) 268-8160

- 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 _____

Signature (name on card) _____