



6600 34<sup>th</sup> Avenue  
Moline, IL 61265  
309-796-5718

# Open Enrollment Registration Form

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ College 900 #: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Hispanic of Latino Ethnicity:  Yes  No  
Race: (Choose one or more)  
 (20) American Indian/Alaskan  
 (10) Asian  
 (30) Black or African American  
 (50) White  
 (70) Native Hawaiian/Pacific Islander  
 (60) Choose Not to Respond

Primary Race/Ethnicity: (select one)  
 (20) American Indian/Alaskan  
 (10) Asian  
 (30) Black or African American  
 (40) Hispanic or Latino  
 (50) White  
 (70) Native Hawaiian/Pacific Islander  
 (60) Choose Not to Respond

Are you a United States Citizen?  Yes  No  
Are you a permanent resident of the United States?  
 Yes  No  
Are you here on a Visa?  Yes  No  
If Yes, what is your home country of origin?  
\_\_\_\_\_

Student Intent: (Check one)  
 (01) Prepare for new or first occupational career  
 (02) Improve present occupational skills  
 (03) Explore courses to decide on a career  
 (04) Prepare for transfer to 4-yr. College or University  
 (05) Remedy basic skills deficiencies  
 (06) Pursue non-career, personal interests  
 (07) Prepare for high school diploma equivalence test  
 (08) Other or unknown

Highest Degree Previously Earned:  
 (30) GED  
 (35) High School Diploma  
 (39) Some college (no degree)  
 (40) Certificate  
 (45) Associate Degree  
 (50) Bachelor's Degree  
 (60) Master's Degree  
 (70) First Professional Degree  
 (80) Doctorate Degree  
 (85) Other  
 (90) None

Employment Status:  
 (01) Full Time- 40 hrs. or more  
 (02) Part Time-over 15 hrs. per week  
 (03) Part Time-15 hrs. or less per week  
 (04) Homemaker  
 (05) Unemployed  
 (06) Retired/Other

Have you ever attended BHC before? Yes  No

## OFFICE USE ONLY

Class Title: \_\_\_\_\_ CRN: \_\_\_\_\_

Paid:\$ \_\_\_\_\_ Banner Receipt #: \_\_\_\_\_ Date into Banner: \_\_\_\_\_ Parking Pass Sent: \_\_\_\_\_

Circle Payment Method: VISA MSCD Discover Cash Check DORS AJC VA Company Employee Wavier

Company Paying:  No  Yes Company Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

IMPORTANT: Run Credit Card Information – Cut Credit Card information off – Shred Credit Card information  
Fill out if using Credit Card:  VISA  MasterCard  Discover  
Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_  
Security Code: \_\_\_\_\_ (3 digit code-back of card)