## **REGISTRATION FORM**

COMPLETE & RETURN TO JOHN A. LOGAN COLLEGE, ATTN: COMM. ED., 700 LOGAN COLLEGE DR., CARTERVILLE, IL 62918

| *If registering your child for a   | class, be   | sure to put the     | child's informat    | tion*              |  |
|--|---|---------------------|---------------------|--------------------|--|
|  | GENDERMaleFemaleUnknownAnother  RACIAL/ETHNIC DESCRIPTION Asian (Pacific Islander)American Indian or Alaska Native   Black/African AmericanHispanic or Latino   WhiteNative Hawaiian or Other Pacific Islander  HIGHEST DEGREE EARNED Doctoral Degree1st Professional DegreeMaster's Degree |                     |                     |                    |  |
| D  |   |                     |                     |                    |  |
| NAME   |   |                     |                     |                    |  |
| MAILING ADDRESS (NO P.O. BOXES)  |   |                     |                     |                    |  |
| CITY, STATE, ZIP   |   |                     |                     |                    |  |
| PHONE #  | Bachelor's Degree Associate Degree Certificate GEDSome College High School DiplomaOther None  *YOUR SIGNATURE IS REQUIRED*  SIGNATURE   |                     |                     |                    |  |
| DATE OF BIRTH(MM/DD/YY)  |   |                     |                     |                    |  |
| • • • •  |   |                     |                     |                    |  |
| EMAIL ADDRESS  |   |                     |                     |                    |  |
|  | DATE  |                     |                     |                    |  |
| COURSE NAME  |   | COURSE #            | SECTION #           | FEE                |  |
|  |   |                     |                     |                    |  |
|  |   |                     |                     |                    |  |
|  |   |                     |                     |                    |  |
|  |   |                     |                     |                    |  |
|  |   |                     |                     |                    |  |
|  |   |                     | TOTAL               |                    |  |
| WAYS TO REGISTER (48 HOU   | IRS PI  | RIOR TO C           | OURSE ST            | ART DATE)          |  |
| 1. Online  | 2. By Phone   |                     |                     |                    |  |
| Using your credit/debit card to pay go to  | Call us at (618)985-3741, x8597 to register and pay over the  |                     |                     |                    |  |
| https://www.jalc.edu/community-courses We accept American  | phone during business hours. We accept American Express,  |                     |                     |                    |  |
| Express, Discover, MasterCard and Visa. <b>Email required to receive</b> payment receipt. No in class walk-in registrations!                 | Discover, MasterCard and Visa. Email required to receive payment receipt. No in class walk-in registrations!  |                     |                     |                    |  |
| 3. In Person   |   | 4. By Mail          |                     |                    |  |
| John A. Logan College, Building H, Room H202, Monday-Friday,   | Complete your registration form, check or money order payable   |                     |                     |                    |  |
| 8:00am-4:30pm. Payment due at this time. Cash, check, money order or credit/debit card. <b>Email required to receive payment</b>             | to John A. Logan College and mail to:  JALC, Community Ed, 700 Logan College Dr., Carterville, IL 62918   |                     |                     |                    |  |
| receipt. No in class walk-in registrations!  | No in class walk-in registrations!  |                     |                     |                    |  |
| Paymen   | t Ontion  | •                   |                     |                    |  |
| Payment may be made by cash, check, money order or credit/deb  | •   |                     | ease let us know be | fore you register. |  |
| You can either pay at the Bursar Of  | fice or Com   | nmunity Education ( | Office.             |                    |  |
| *Cash taken at the Community   | Education   | office must be exac | et.                 |                    |  |
| Refund and Car   | ncellatio   | n Policy            |                     |                    |  |
| A full refund will be issued for cancellations received 48 hours prior to the first day of class/camp. JALC reserves the right to cancel any |   |                     |                     |                    |  |
| camps that do not meet minimum enrollment-the fee will be fully refunded.  |   |                     |                     |                    |  |