



# CHALLENGER LEARNING CENTER

## AT HEARTLAND COMMUNITY COLLEGE

### EDUCATOR DATA FORM

**Educator/Staff: Please print the educator data and emergency information form below.**

Legal Name: \_\_\_\_\_ Gender: Male / Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

County (circle one): DeWitt Livingston Logan McLean Tazewell Other: \_\_\_\_\_

\_\_\_\_\_  
School

\_\_\_\_\_  
School Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
E-mail Address

I am attending the CLC as a:

- Educator
- Staff
- Other \_\_\_\_\_

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

Male  Female

Are you Hispanic or Latino?  Yes  No

Are you from one or more of the following racial groups?

American Indian/Alaskan Native  Asian  Black/African American

Native Hawaiian/Other Pacific Islander  White  Choose Not to Respond

Identify your primary racial group from the list above: \_\_\_\_\_

Are you in the United States on a Visa-Nonresident Alien?  Yes  No

If yes, please indicate Visa type \_\_\_\_\_ Country of origin \_\_\_\_\_

**I agree to indemnify and hold harmless The Challenger Learning Center (CLC) and Heartland Community College, its officers, agents, and employees for any loss or injury that I or my child may sustain while participating in the student activities.**

**Notice of Photo/Film Release: Occasionally, participants are photographed or filmed during their visit to the Challenger Learning Center. I consent to publication of such photos/film for use in the promotion or advertisement of Challenger Learning Center and Heartland Community College.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:		
Date Received _____	Entered by _____	Empl ID _____