

STUDENT INFORMATION (Information requested for person registering for the class)

Social Security Number _____ - _____ - _____
(If U.S. Social Security number is not available, a student I.D. will be assigned)

Birthday ____/____/____
mo day year

***** For Reporting Purposes Only**

Sex: ☐ Male ☐ Female **Citizenship:** ☐ U.S. Citizen ☐ Other _____
Race: ☐ Asian/Pacific Islander ☐ Black/Non-Hispanic ☐ Alaskan Native
☐ Hispanic ☐ Native American Indian ☐ White

Student Name _____
Last First Middle

Home Address _____
Street or RFD City
County State Zip Code

School Name: _____

County of School _____ (Check One) ☐ City School System ☐ County School System

Rising Grade (Check One) ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Parent / Legal Guardian Name: _____
Last First Middle Relationship

Phone #'s: Home _____ Work _____ Cell _____ Emergency _____

Email Address _____

KIDS COLLEGE STUDENT PROGRAM - 2013

| | | | |
|---|--|---------------------|---|
| Course/Seminar Name: KIDS COLLEGE 2013 | | CEU # 00021 | |
| Course Location: WSCC - Morristown | Time: 8:30 a.m - 4 p.m. | Day(s): M, T, W, TH | Dates: Check one or both. <input type="checkbox"/> JUNE 17-20 <input type="checkbox"/> JUNE 24-27 |
| Semester: SUMMER | Fees: \$ 140/week (Includes: tuition, registration fee and souvenirs) | | |

STUDENT PREFERENCE SURVEY - WEEK 1 • JUNE 17-20

INSTRUCTIONS: Reference the Program Schedule and select 2 courses for each session in order of preference; 8 different course titles in all. Courses on the Program Schedule that are listed in more than one session will be considered when your schedule is made. * DO NOT DUPLICATE COURSE TITLES. Your final schedule will reflect 4 classes. **

SESSION ONE

1. _____
2. _____

SESSION THREE

1. _____
2. _____

SESSION TWO

1. _____
2. _____

SESSION FOUR

1. _____
2. _____

**Preferences should be listed in order of student's interest, keeping in mind that the student may be enrolled in any of the courses listed, based on availability and receipt of the application by deadline.

Note: Classes assigned on a first come basis. Incomplete registration forms will not be considered.

STUDENT PREFERENCE SURVEY - WEEK 2 • JUNE 24-27

INSTRUCTIONS: Reference the Program Schedule and select 2 courses for each session in order of preference; 8 different course titles in all. Courses on the Program Schedule that are listed in more than one session will be considered when your schedule is made. * DO NOT DUPLICATE COURSE TITLES. Your final schedule will reflect 4 classes. **

SESSION ONE

1. _____
2. _____

SESSION TWO

1. _____
2. _____

SESSION THREE

1. _____
2. _____

SESSION FOUR

1. _____
2. _____

**Preferences should be listed in order of student's interest, keeping in mind that the student may be enrolled in any of the courses listed, based on availability and receipt of the application by deadline.

Note: Classes assigned on a first come basis. Incomplete registration forms will not be considered.

Parent (or Guardian) Signature _____

Date _____

FOR BUSINESS OFFICE USE ONLY

Date _____ Fee \$ _____ Paid by _____ Paid for: _____ Receipt # _____

☐ Cash ☐ Check # _____

Received by (initials): _____

THREE WAYS TO PAY FOR 2013 KIDS COLLEGE

PAYMENT OPTION 1 - Online

1. Pay online with a credit card (VISA, MASTERCARD or DISCOVER) at www.ws.edu/kidscollege
2. Print, fill in all requested forms (registration and liability forms) and mail or fax to:
Community Education-KIDS COLLEGE
Walters State Community College
500 S. Davy Crockett Pkwy
Morristown, TN 37813-6899
3. Fax: 423-585-2679

PAYMENT OPTION 2 - Mail

1. Mail check, or money order and completed registration, signed liability release forms to:
Check or money order should be payable to:
Walters State Community College
Cashier's Office
Walters State Community College
500 S. Davy Crockett Pkwy
Morristown, TN 37813-6899

PAYMENT OPTION 3 - Walk-In: Pay by Check, Cash, Money Order, Credit Card (VISA, MASTERCARD or DISCOVER)

1. Come to any Walters State Community College campus location
 - a. Morristown: Cashiers' Office, 1st floor Student Services Center
 - b. Sevierville: Cashiers' Office, Maples-Marshall Hall, Room 100
 - c. Greeneville: Cashiers' Office, Main Entrance, 1st floor, Room 103
 - d. Claiborne: Cashiers' Office, Room 038
2. Leave completed registration, and liability forms at Cashier's Office

Refund Policy

1. Parents who wish to withdraw their child from the program will receive a 100 percent refund if written request is received at Walters State Community College – Community Education at least 10 days (June 7 by 4:30 p.m.) before the start of the class.
2. Requests for refunds may be completed by e-mailing the Youth Programs Office at Nicole.Cardwell-Hampton@ws.edu or Ruth.Allison@ws.edu. Please allow 3-4 weeks for refunds.
3. Requests to withdraw from the program received within 5 days of the start of the program (June 12 by 4:30 p.m.) will be subject to a \$50 non-refundable fee.
4. Refunds will not be provided after start of the program.

Contributions to Our Youth Programs

You may take advantage of this easy way to make a tax-deductible contribution to support Community Education Youth Programs. Your contribution helps children who would not otherwise have access to these challenging and exciting learning opportunities. Send your contribution to:

Walters State Foundation
Reference: Community Education Youth Programs
Walters State Community College
500 S. Davy Crockett Pkwy.
Morristown, TN 37813-6899

Kids College - Checklist

- ☐ Registration/Student Preference Survey
- ☐ Registration Fee
- ☐ Liability Release, Waiver, Discharge And Covenant Not To Sue
- ☐ Medical Release And Information Form
- ☐ All Documents Are Complete And Signed by Legal Guardian