



Continuing Education & Economic Development
Non-Credit Registration Form

PRE-COLLEGE AGE STUDENT (Under 18 years of age)

Please PRINT (*required fields)

Social Security Number	*Last Name	*First Name	*Middle Name		
*Mailing Address		*City	*State	*Zip Code	*County
*Home Phone Number	*Work / Cell Phone Number	*Gender (Check One: X)		*Date of Birth (mm/dd/yyyy)	
()	()	Male _____	Female _____		
*Additional Emergency Numbers	() ()	Does your child have a medical condition we need to be aware of? YES ____ NO ____ (If yes please explain on back of this sheet)			
Email Address					
Voluntary Information					
Asian or Pacific Islander (O)			Black, Non-Hispanic (B)		
American Indian (I)			Hispanic (H)		
White (W)			Other (X)		

Social Security Number Notice: In accordance with the Privacy Act of 1974, enrolled students are advised that the requested disclosure of their Social Security numbers to Continuing Education is voluntary. Students who do not provide the college with their Social Security numbers will be assigned special nine-digit numbers. This number or the Social Security number will be used to identify such student records as registration and course enrollment documents, grade reports, transcript requests, certification requests and permanent academic records. The student's Social Security number will not be disclosed to individuals or agencies outside Volunteer State Community College except in accordance with institutional policy on student records.

Refund Information: There are NO REFUNDS for Workshops (Classes with WKS prefix.) You may substitute a colleague if you cannot attend or transfer the workshop fee to a different class; 100% refund only if canceled by the college. REFUND POLICY for Continuing Education Classes (Classes with CEU prefix) will be approved ONLY under the following conditions: 100% REFUND of the course fee is approved: When a CEU course is canceled by the College; When faculty member recommends that a student drop a non-credit course; When a student is deemed ineligible by the institution; When a student's death occurs during the period of enrollment; When a student officially withdraws or drops a CEU course prior to the first scheduled class meeting date. 50% REFUND of the CEU course fee is approved when a student officially withdraws or drops a CEU course from/on the first scheduled class meeting date and prior to the second class meeting date. NO REFUND of CEU course fees is approved on or after the second scheduled class meeting date. Continuing Education reserves the right to cancel, postpone, limit enrollment, split or combine classes, and change instructor and room assignments as necessary.

I hereby consent to and acknowledge the participation of my child in the non-credit course(s) listed below at VSCC. I am aware of and acknowledge the potential risks involved in his/her participation. I also understand that in order to maintain a safe and enjoyable climate for learning, it is imperative my child is not left unsupervised prior to or after the scheduled class time. I agree to see that my child arrives promptly for class and leaves at the designated time. I assume total responsibility for my child's conduct during his/her attendance on the campus. I authorize the staff of the College to act for me according to their best judgment in any emergency requiring medical attention for my child and assume any and all expenses related to transport and medical treatment. I realize that failure to comply with any requirements may result in the withdrawal of my child from the activity. I release the College, its governing board, and the state from any and all liability. I certify that all statements on this application are correct and complete.

*** Parent/Guardian Signature** _____ **Date** _____

*Course & Section	*Course Title	*Start Date	Day	Time	*Fee
CEU - 191 - 501	Sample Registration Course	07 - 01 - 06	R	6:00pm - 9:00pm	\$ 00.00
- -					\$
- -					\$
- -					\$
Total Due					\$

Make Check Payable to VSCC
 Please do NOT send cash.

Mail to: Volunteer State Community College
 Division of Continuing Education
 1480 Nashville Pike, Gallatin TN 37066-3188

FAX to: (615) 230-3362
 with credit card information.

If paying by Credit Card, complete the following:

Check One: Visa _____ MasterCard _____

Credit Card # _____ - _____ - _____ - _____

Expiration Date (M/Y) _____ / _____ Amount \$ _____

Print Cardholder's Name _____

Cardholder's Signature _____

For Office Use Only:

Receipt # _____ Date _____

Initials _____ Term/Year _____

Volunteer State Community College, a Tennessee Board of Regents institution, is an equal opportunity institution and ensures equal opportunity for all persons without regard to race, color, religion, sex, national origin, disability status, age, sexual orientation or status as a qualified veteran with a disability or veteran of the Vietnam era.