



Non-Credit Registration Instructions

If you prefer to pay via check, please complete this form and submit it with your check or money order (payable to Blackhawk Technical College) to:

Registration Office
Blackhawk Technical College
P.O. Box 5009
Janesville, WI 53547-5009

REGISTER EARLY... the decision to run or cancel a class is made 7-10 days prior to the class start date.

Important Information:

- You are responsible for knowing the dates, times and locations of your classes.
- A confirmation email will be sent to you when your online registration is entered.
- To complete your registration, you **must** submit payment within **two (2) business days** or prior to the beginning of the class, whichever is earlier.
- **You are responsible to contact the College to drop a class, if you are not planning to attend. Notice must be provided no less than 24 hours prior to the beginning of the class. You may contact us with questions at (608) 757-7661.**
- **No refund will be provided if you fail to contact the College to drop a class. You are responsible for the payment unless you provide the proper notification to drop a class.**
- We are unable to accept or enter registrations prior to 8:00 AM on the first day of registration. All forms of registration (online, in person, mail, fax) will be processed on the first day of registration beginning at 8:00 AM, and they will be processed on a first come, first serve basis.
- You will be notified in the event of class cancellation or postponement.
- You are not registering in real time, so classes may be full at the time of your submission. You will be contacted by the college in such a situation, and you will be placed on a wait list in the order your registration was received. You will be notified if an opening becomes available; and, if you are notified of an open seat in the class, you will have two (2) business days to respond. If you do not respond within that time, the seat will no longer be open to you and we will move to the next person on the wait list.
- Class wait lists do not carry forward to subsequent semesters. If you are placed on a wait list, an opening does not occur prior to the class start date, and another class is not offered in the same semester, you will need to submit a new registration form and payment the next time the class is offered.
- Please allow three (3) business days for your registration to be processed. After that time, you may contact us at (608) 757-7661 with questions.

Agreement:

- By submitting this information you are **agreeing** to your registration into the courses listed.
- Failure to attend **does not** constitute a withdrawal or a possible refund.
- If you are unable to attend, you **must** contact registration prior to the first day of class to withdraw and receive a tuition refund.



Non-Credit Registration Form

PERSONAL INFORMATION

| | | | | |
|-----------------------|-----------|------------|--------|---------------|
| BTC Student ID Number | Last Name | First Name | Middle | Previous Name |
| Street Address | | City | State | Zip Code |

| | | |
|---------------------|--|--------|
| County of Residence | Circle one: City / Village / Township of | E-Mail |
|---------------------|--|--------|

| | | | |
|---------|------------|------------|------------|
| Company | Home Phone | Cell Phone | Work Phone |
|---------|------------|------------|------------|

| | | | |
|---|---|---|--|
| Date of Birth (MM/DD/YYYY) | Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific | Asian Origin (check all that apply) <input type="checkbox"/> Vietnam <input type="checkbox"/> Cambodia <input type="checkbox"/> Laos <input type="checkbox"/> Other _____ | Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender | | | |

HIGH SCHOOL INFORMATION

| | | |
|----------------------------------|---------------------|-------------------------------|
| School District where you attend | Name of High School | City and State of High School |
|----------------------------------|---------------------|-------------------------------|

| | | |
|--------------------------------|--|--|
| Highest Grade Completed (K-12) | <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED | Years of Attendance Start: _____ End: _____ |
|--------------------------------|--|--|

| | | | |
|---|---|---|--|
| Highest Credential Completed at Enrollment: | <input type="checkbox"/> No prior college <input type="checkbox"/> Some college (post-secondary credit) <input type="checkbox"/> Short-term diploma | <input type="checkbox"/> One-year diploma <input type="checkbox"/> Two-year diploma <input type="checkbox"/> Associate degree | <input type="checkbox"/> Associate degree plus additional credential <input type="checkbox"/> Bachelor degree <input type="checkbox"/> More than baccalaureate |
|---|---|---|--|

| CRN | COURSE NUMBER | COURSE TITLE |
|-----|---------------|--------------|
| | | |
| | | |
| | | |

| | |
|--|-------------------------|
| MOTORCYCLE / TRAFFIC SAFETY REGISTRATION | Driver's License Number |
|--|-------------------------|

YOUTH CAMP REGISTRATION – Please ensure this section is complete if registering your student for a youth camp.

| | | | | | |
|------------------------------|-----------|------------|---|-----------|------------|
| 1 st Camp Choice: | Camp Name | Camp Dates | 2 nd Camp Choice (if 1 st choice full): | Camp Name | Camp Dates |
|------------------------------|-----------|------------|---|-----------|------------|

| | |
|--------------------------------------|----------------|
| Signature of Parent / Legal Guardian | Signature Date |
|--------------------------------------|----------------|

CPR / AEMT REFRESHER REGISTRATION

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

| | |
|--|---|
| For refresher courses, please indicate your License #: | Sponsoring Agency (list name below) <input type="checkbox"/> None <input type="checkbox"/> In Wisconsin <input type="checkbox"/> Out of State |
|--|---|

Note: If you are sponsored by an agency, your tuition will be billed to the State of Wisconsin (unless you do not successfully complete the course). We are not able to bill the State of Wisconsin for an out-of-state agency. This information is needed for billing purposes. If no agency is listed, we will bill the student directly. PLEASE NOTE: Students employed by eligible fire departments will be responsible for tuition and fees should this course not be completed successfully.

I certify that the information on this form is true and complete to the best of my knowledge.

Student Signature _____ Date _____