

Kilgore College Food Service Supervisor for Nursing Homes, Hospitals & State Hospitals Registration Packet

What You Need to Do Next:

To register for Food Service Supervisor and secure your spot, email all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline on **January 23, 2026**

Important Notes:Important Notes:

- You are not officially registered until we have received all required documents.
- This is a high-demand course with a maximum of 15 students, and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.
- If you are emailing your documents, please download a PDF scanner app such CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus
 - Torrence Health Sciences Education Center; Office 102 or 109C
1610 S. Henderson Blvd. Kilgore, Tx 75662

Step 1 - Submit Required Documents:

Please email or deliver clear copies of the following:

- Driver's License or State Issued ID
- High School Diploma, Transcript, or GED
- If documents are missing, you will be notified by email
- Please utilize checklist included in this packet to verify you have all required documents
- DO NOT send your documents until you have EVERYTHING, please send it all in 1 email

Step 2 – Make Tuition Payment & Purchase Textbooks

- When you have turned in all documents, you will receive an email titled “Registration Complete” with the next steps of the registration process
- **DO NOT MAKE TUITION PAYMENT UNTIL YOU RECEIVE A “REGISTRATION COMPLETE” EMAIL**
- Textbook for this course will be assembled in class, no purchase necessary.
- If paying out of pocket payment is due at registration
- Please notify us if your employer is covering your tuition
- **Tuition**
 - \$675.00

Class Details

- **Location:** Torrence Health Sciences Education Center, Building G10
 - 1610 S. Henderson Blvd. Kilgore, Tx 7566
- **Duration:** 8 Weeks - February 2, 2026 – April 1, 2026
- **Schedule:** Hybrid
 - Class Meets On Campus: Monday 4 PM - 9PM
 - Class Meets Online: Tuesday & Wednesday
 - Calendar attached with breakdown of schedule
- **Tuition:** \$675.00

Required Supplies

- 1 inch Binder Notebook for textbook, pens/pencils
- Laptop or Tablet
- Because this is a Hybrid course you are required to have Laptop or Tablet with reliable Internet service

If you have any questions, please contact **Kristen Cage at Kcage@kilgore.edu.**



WORKFORCE

DEVELOPMENT

COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.

Date: _____

Social Security #: _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

Name: _____
(Last Name) _____ (First Name) _____ (Middle Initial) _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Business or Cell Phone (_____) _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ If no, what country? _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?

2. Please select the racial category or categories with which you most closely identify.

Course Name _____

Start Date _____

Do you plan to drive your own vehicle to your clinical site? _____

If yes, please complete the vehicle information below. Some clinical sites require this for parking access and may issue permits based on the details you provide.

Make & Model of vehicle _____

Year _____

License Plate _____

FOOD SERVICE SUPERVISOR REGISTRATION CHECKLIST

- Copy of Driver's License
- Copy of High School Diploma/Transcript/GED