



Course Registration

First Name	M	Last Name	Student ID
Address			Date of Birth
City	State	Postal/Zip Code	Home Phone

Course Title	Check One
Discipleship & Leadership Certificate Program	
Kingdom Mental Health 1 st Responders Program	
Anger Management	

Your signature below will confirm your request to register for the above listed classes. **Any changes to this schedule the must be made in writing prior to the course start date and approved.**

Student Signature: _____ Date: _____

Discipleship & Leadership Program \$2000

- Payment in Full
- Payment Plan option

Kingdom Mental Health 1st Responders Program- \$399

- Payment in full

Anger Management

- Payment in full