



# Course Registration

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

<b>Course Title</b>	<b>Check One</b>
Discipleship Program	
Leaders Mentorship Program	
Kingdom Mental Health 1 <sup>st</sup> Responders Program	

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 Program \$99

- Payment in Full
- Payment Plan option

Leaders Mentorship Program

- Payment in full
- Payment plan option

Kingdom Mental Health 1st Responders Program

- Payment in full
- Payment plan option

***\*No refunds***

## Credit Card Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that no prior-notification will be provided unless the date or amount charges, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize EDEN CHRISTIAN UNIVERSITY to charge my credit card \$43 on \_\_\_\_\_ (date) and \$33 on the **first day of the next two consecutive months.**

## Credit Card Information

- Visa
- MasterCard
- AMEX
- Discover

Cardholder's Name - \_\_\_\_\_

Credit Card Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date - \_\_\_\_\_ / \_\_\_\_\_

Security Code (CVV) - \_\_\_\_\_

**Email form to: eden.inst@yahoo.com**

***\*No refunds***