

932 BANK ST WATERBURY, CT 06708

Registration Form

Complete this form in legible handwriting.

Personal Information

Full name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Ministerial Information

Church Attended: _____

Pastor's Name: _____

Church Address: _____

Pastor's or church's phone: _____ Years since conversion: _____

Time attending this church: _____

Emergency Contact

Emergency Contact Name: _____

Relationship to the student: _____

Phone: _____ Alternate phone: _____

Declaration and Signature

I declare that the information provided in this form is correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

INTERNAL USE
RECEIVED: _____ **DATE:** _____ **STATUS:** ☐ **APPROVED** ☐ **PENDING** ☐ **REJECTED**