

~REGISTRATION WORKSHEET~

Date: _____

PERSONAL INFORMATION:

Mr. Mrs. Miss Dr. Other: _____

Name: _____

Last Name
First Name
M. I.

Physical Address: _____

Mailing Address (if different from physical address): _____

Home #: _____ Cell #: _____ Alternate #: _____

Email Address: _____

Check this box if you would like to receive emails from LCBC about our events, classes & more.

2017 CLASS FALL REGISTRATION:

Please check the class/classes that you will be registering for this semester:

	<u>Time</u>	<u>Class #</u>	<u>Class</u>	<u>Teacher</u>	<u>Location</u>
First Session					
<input type="checkbox"/>	6:00pm-7:30pm	BB:160	The Life of Christ I	TBA	TBA
<input type="checkbox"/>	6:00pm-7:30pm	BB:200	The Life of Paul	TBA	TBA
<input type="checkbox"/>					
Second Session					
<input type="checkbox"/>	7:30pm-9:00pm	MM:300	Basic Theology I	TBA	TBA
<input type="checkbox"/>	7:30pm-9:00pm	MM:320	Basic Theology II	TBA	TBA

Please state the degree you are pursuing: _____

Signature: _____

PAYMENT PLAN WORKSHEET:

PAYMENT METHOD	CHECK NO.	DATE

QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	REGISTRATION	REGISTRATION FEE	\$15.00	\$15.00
			SUBTOTAL	
			SALES TAX	
			TOTAL	

* Now think about how much you can afford to spend each month on your educational expenses.

Number of Payments in Payment Plan: _____

Monthly Payment Amount: _____

Student's Signature: _____

Date: _____

Register's Signature: _____

Date: _____