

# Student Application



**SUMMIT**  
INSTITUTE

Registration type - *please check appropriate box(es)*:

Entire Trimester (\$75)     Course 1 (\$50)     Course 2 (\$50)

***Your transformation awaits!***

*Please Type or Print Clearly*

## Personal

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Childcare

Will you need childcare?     Yes\*     No    If yes, please list the following:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

***\*Please note, childcare costs will depend on how many children are registered for the course with a minimum cost per child of \$50. You will be contacted with the exact cost one week prior to class start date.***

## Payment

**Method:** Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ CCV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Received by: \_\_\_\_\_

*faith*  
community church

1211 E. Badillo Street, West Covina, CA 91790  
(626) 732-1597; Fax completed applications to (626) 858-8412 Attn. Lisa Amaya