

**WORD OF FAITH CHRISTIAN CENTER – SAN FRANCISCO
BIBLE SCHOOL**

**Mailing Address: 1448 Pine St. Suite 208 San Francisco, CA 94109-4720
Phone: (415) 447-8640 Fax: (415) 447-8659**



REGISTRATION FORM

BIBLE SCHOOL – YEAR 1 (2007-2008)

Please Print LEGIBLY

Last Name:		First Name:		Middle:		Maiden Name:	
Street Address:				City:		State:	Zip:
Daytime Phone: ()		Evening Phone: ()		Cellular Phone: ()		E-Mail:	
Social Security Number:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: (MM/DD/YY)	Age:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Person: Name: _____ Phone: ()			What Church do you attend?		Present Employer:		
If you are a returning student, has your address or phone information changed? <input type="checkbox"/> Yes <input type="checkbox"/> No				How did you hear about the class?			

PLEASE CHECK THE APPROPRIATE BOX(ES) FOR COURSES YOU PLAN TO TAKE:

- Bible School – Year 1
- Bible School – Year 2

★ Tuition for the 2007-2008 School Year is \$215.00. Payment in full must be made at the time of registration. Please make checks payable to Word of Faith Christian Center.

★ Please give or mail this registration form along with your full tuition payment to the Bible School Director during the Open Enrollment period beginning April 1st.