The Sower's House Application

The Source of Life is Jesus! DOB

Colossians 3:23

10812 Date St. Stanton, California 90680 714-336-7093

Check ☑ one Kinder ❑ 1-6 ❑ 7-12 ❑ _____)

Name:_____ Age:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Pastor:_____ Pastor's Signature: (required)_____

Pre-Registration: (Deadline: August 15th)

❑ K-2 - $90 Per Month ❑ 3-6 $100.00 Per Month	❑ 7-12 **$120.00** Per Month *(Includes "Testing Package")*

Please ☑ check method of payment: Fees are non-refundable. $35.00 overdraft charge applies.

❑ Check/Money Order #_____ Make checks or money orders payable to: "THE SWOR'S HOUSE"

❑ **$150.00 Yearly Student Registration Fee for all Students.**

******Please mail in medical release form even if you registered and paid online******

Medical Release (Required):

I, _____ as parent/or legal guardian authorize the representatives of Esther Conference to seek whatever emergency medical care they deem necessary for my child on August 17-19, 2018.

MCACTS@HOTMAIL.COM STUDENT'S PICTURE | BIRTH CERTIFICATE | LOCAL RECOMENDATION

ATTACHMENTS	ATTACHMENTS	ATTACHMENTS