The Sower’s House Application

**The Source of Life is Jesus!**

Colossians 3:23

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

Check 🗹 one Kinder ❑ 1-6 ❑ 7-12 ❑ (Age:\_\_\_\_\_\_\_)

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”)* |

Fees are non-refundable. $35.00 overdraft charge applies.

Please 🗹 check method of payment:

❑ Check/Money Order #\_\_\_\_\_\_ Make checks or money orders payable to: “THE SWOR’S HOUSE”

❑ Register by mail only

**\*\*\*\*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](mailto:MCACTS@HOTMAIL.COM) STUDENT’S PICTURE BIRTH CERTIFICATE LOCAL RECOMENDATION

ATTACHMENTS

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