

**LAY STUDY PROGRAM
AMERICAN BAPTIST CHURCHES OF NEW YORK STATE**

STUDENT REGISTRATION FORM

Course Name _____ Starting Date _____

Credit _____ Audit (no credit) _____ Online (if offered) _____

Name _____

Address (Street, City, State, Zip Code) _____

Home Phone _____ Work Phone _____ E-mail _____

Place of Present Church Membership _____

Association _____

If you haven't already done so, please complete the following information. This needs to be completed only once, but you may update when appropriate.

Place and Date of Baptism _____

Education: High School _____ Class of _____

College _____ Degree & Year _____

Other _____

Employer _____

Position or Title _____

Activities in your local church, your denomination and other religious activities (*use the back of the page if necessary*) _____

Activities and/or honors in other organizations _____

My goal in completing these courses is to seek to be a Certified Lay Pastor.

I would like more information about being a Certified Lay Pastor.