

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

**STUDENT REGISTRATION FORM**

Course Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Credit \_\_\_\_\_ Audit (no credit) \_\_\_\_\_

Name \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

\_\_\_\_\_

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.