



Christian Learning Center
A Community of Learners

Admissions Application
PO Box 901222, Far Rockaway, NY 11691-1222
www.enyga.com/clc

Administrative Use Only			
Date Received _____			Date Completed _____
Payment Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			Registrar Initials _____

I am applying for the following Semester _____
Semester/Year

Certificate Program
 Minister's Track

How did you hear about CLC _____

PERSONAL INFORMATION

Please enter your name as it appears on your official documents.

Legal Name _____ Male Female
Last (Family) First Middle Suffix (Jr., Sr., etc.)

Preferred Name _____ Date of Birth _____
(mm/dd/yyyy)

Email _____

Church _____

Pastor _____ Ministry Position _____

PERMANENT ADDRESS

_____ Street Address Apt #

_____ City/Town State Country Zip/Postal Code

Phone (____) _____ Cell Phone (____) _____

Please give your current address for all administrative correspondence, if different from above.

CURRENT MAILING ADDRESS

_____ Street Address Apt #

_____ City/Town State Country Zip/Postal Code

EMERGENCY CONTACT

Name _____

Phone (____) _____ Cell Phone (____) _____