The Potter's Institute Registration Form

6777 W. Kiest Blvd, Dallas, Texas 75236

☐ First Time Student ☐ Returning Student

****"The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is voluntary and not required for application to TPI. If you choose not to disclose your Social Security Number, please provide us with the last four digits.*

Part 1 - PERSONAL DATA

Name: _____ ☐ Pastor ☐ Elder ☐ Minister ☐ Lay Person
Last Name **First Name**

SSN (last 4) _____ **Main Phone** #: _____ **Date**: _____

Address: _____
Street Apt

_____ Date of birth: _____
City State Zip code

Alt. phone: _____ Gender: Male ____ Female _____

Email address: _____

Ethnicity:
____African American
____Caucasian
____Hispanic
____Other:

Name of your current Church: _____

EMERGENCY CONTACT:
Name: _____ Phone: _____

Referred by: _____ **Have you taken Fresh Start Classes ___Yes ___ NO**

Part 2 - COURSE INFORMATION – (Mark Appropriate Semester)

Fall 1 _____ **Fall 2** _____ **Winter 1** _____ **Winter 2** _____ **Spring 1** _____ **Spring 2** _____

COURSE TITLE	COURSE ID#

For Office Use Only: (Check All That Apply)

( ) Class Fee(s) $ 35.00 per class	**( ) Coupon ***	**( ) PHW LOBBY**	**( ) MAIL**
( ) CEU Fee(s) $ 35.00 *if applicable*	**( ) AA / BC ***	**( ) PH ATRIUM**	**( ) FAX**
( ) P.H. Staff Dept:	**Card #**	**( ) ON-LINE**	**( ) OTHER**
****Must Present Card/ Coupon***		**( ) TPI OFFICE**	
Total Cost of Registration Today: $			

Part 3 - PAYMENT METHOD

The Potter's Institute

___Cash ___Check ___ Visa ___ MasterCard ___ Amer.Exp. CID#_____ EXP. DATE _____

Credit card number:

Course Title (s): _____ **Term & Date**: _____

Print Name:_____ **Phone#**: _____

Cardholder Signature: _____ **Amount**: _____

Billing Address: _____ **Zip Code:** _____