

**Ministry of Prayer Registration and Fees Form**

Class of 2025 - starts **June 2023**

Full two year tuition price of $6,995 - $3,498/year

**\*\*\*Pre-registration discount is $300 off of full tuition price\*\*\***

Pre-registration two year tuition $6,695 - $3,348/year

**Good January 15th through April 15th, 2023**

Please submit this completed form to enroll in the Ministerial Training Program. All information you provide is kept confidential and is not shared without your consent.

**Contact information:** *Please type or print clearly using ink.*

Name (Last, First, MI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deposit\*:**

**A non- refundable deposit of $500 is required to secure your space in the program**. (No deposit required for the Auditing option and no early bird discount)

|  |  |
| --- | --- |
| ❒ | Enclosed is my check or money order in the amount of $ \_\_\_\_\_\_\_\_\_  *Please make payable to: Center for Sacred Studies - note MTP 2025 on your check* |
| ❒ | Please charge to Visa / Mastercard *(please circle)* for the amount of $ \_\_\_\_\_\_\_\_\_  Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_ 3-Digit Code\_\_\_\_\_\_\_\_\_\_\_\_  Cardholder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Click here to pay $500 registration deposit online:**

<https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=Q9CTACW6QRZWN>

*(if opening above link on a Mac you may need to copy/paste link into an open browser window)*

**Pre-Registration Payment Plans\*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❒ **One Installment:**  Pay tuition in full (deposit applied) by May 20th of year attending. | | | | |
|  | **Tuition** | **- Deposit** | | **= Balance** |
|  | $6695 | $500 | | $6195 |
| ❒ **Two Installments:**  Pay half of full tuition by May 20th of Year One, and pay balance of tuition by May 20th of Year Two. | | | | |
| **Tuition** | **- Deposit** | **Due by May 20th Year One** | **Due by May 20th Year Two** | |
| $6695 | $500 | $3098 | $3098 | |
|  | | | | |
| ❒ **Four Installments:**  After Registration Deposit of $500.00, pay 1/4 of full tuition ($1549) by May 15th of Year One, and pay another $1549 by November of Year One. Repeat in May and November of Year Two.  ❒ **Monthly Installments (automatic monthly fee by credit card only):**  After Registration Deposit of $500.00, pay $281.00 on the 15th of every month except April, beginning on May 15th  of Year One. | | | | |

**Method of Payment for Tuition:**

|  |  |
| --- | --- |
| ❒ | Check or Money Order *(Please make payable to: Center for Sacred Studies)* |
| ❒ | Credit Card, to be automatically run according to the schedule of the selected payment plan.  Visa / Mastercard *(please circle)*  Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3 Digit Code\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_  Cardholder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Summary of Program Requirements:**

**In order to receive ordination**, all course material must be complete and all tuition dues must be paid by the end of the second year. Course material includes completion of all the modules for year 1 & 2; practicums; monthly reflection papers; 2 Breathworks per year, working with your assigned mentor and attending both annual retreats.

**Additional Fees**

Room and Board for the yearly five-day retreat is charged at the then-current rates and is due upon check in. Breathwork fees depend on the instructor and the location, and are due upon check in. Transportation expenses and study materials are not included in tuition.

**Refund Policy**

Your $500 deposit is **non-refundable**. You are registering for a two-year program and tuition commitment. If you decide to leave the program during the first program year, then you are obligated to complete the payment schedule for that year.

**Please initial you have read the above paragraph: \_\_\_\_\_\_\_\_\_\_**

For second year tuition, if you notify us of your decision to not continue the program by May 1 (BEFORE the commencement of the second year classes), then you may withdraw without any

further financial obligation. Once the second year program has begun, your payments remain payable for the remainder of the year in accordance with your selected payment option.

**Please initial you have read the above paragraph: \_\_\_\_\_\_\_\_\_\_**

We understand that circumstances may arise which could make it logistically challenging for you to continue the program. Your holistic wellbeing is an integral part of this program, and therefore it is our policy for withdrawing students to meet with our Educational Program Director, Susan Coleman, before exiting. Our policies are designed to clarify the commitment that you have with the Ministry Training Program..

**Please initial you have read the above paragraph: \_\_\_\_\_\_\_\_\_\_**

By completing and signing this registration, I attest that I have read and understand the payment and refund policies and that the information provided herein is true and correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Release of Liability**

**CSS Ministerial Training Program**

**Assumption of Risk**

I understand and acknowledge that my participation in this study group may expose me to the possibility of emotional or psychological distress and/or other unexpected effects which could manifest physically, emotionally, and/or psychologically. I knowingly choose to participate in this program and assume all responsibility for the consequences of my participation.

**Warranty of Physical and Mental Condition**

I unequivocally assert that:

* I am in sound physical and mental health.
* I am not now experiencing, nor have experienced in the past year, any serious mental or physical illness or dysfunction.

If there is an exception, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Medical Exam (status): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to the experiential nature of parts of the training program, the following information is also requested: Have you ever been subject to any form of seizure, cardiovascular problem, glaucoma, or mental illness? Yes \_\_ No \_\_ If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby voluntarily release Center for Sacred Studies and its staff and associates, from any and all liability or claims which are related to, arise out of, or are in any way connected with my participation in the study group or with any physical or mental condition noted above.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(witness signature) (date)