



New Thought Colorado llc Registration Form

474 Bismarck Street | Grand Junction, Colorado 81504
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Today's Date _____

**TERM: Winter / Spring /
Summer / Fall of 20_____**

Student Information

Last Name:																								
First Name:																								
Address:																								
City:																		State:		Zip:				
Phone:				-												Cell:				-				
Email:																								

Course Selection & Tuition—Page 1

Science of Mind Teachings				(\$75/semester unit)	
101 *	SOM Fundamentals 30 class hrs / 2 semester units	10 weeks	\$ 150--		
108	Writings of Holmes 16 class hrs / 1 semester unit	8 weeks	\$ 75--		
109	Bringing Faith to Life 25 class hours / 1.5 semester units	10 weeks	\$112.50		
201 *	Treatment & Meditation 30 class hrs / 2 semester units	12 weeks + Half-day workshop	\$ 150--		
202 *	Self-Mastery 25 class hrs / 1.5 semester units	10 weeks	\$ 112.50		
203 *	Exploring Roots 30 class hrs / 2 semester units	12 weeks	\$ 150--		
301 *	Practitioner I 90 class hours / 6 semester units	30 weeks	\$ 450-- Plus materials		
302 *	Practitioner II 90 class hours / 6 semester units	30 weeks	\$ 450-- Plus materials		
PS418	Homiletics Boot Camp 15 class hrs / 1 semester unit	6 weeks	\$ 75--		
PS421	Rise & Development of New Thought 30 class hours / 2 semester units	12 weeks	\$ 150--		
Prosperity Courses					
110	Abundant Success! 16 class hrs / 1 semester unit	8 weeks	\$ 75-- Plus materials		
111	Principles of Prosperity 15 class hrs / 1 semester unit	6 weeks	\$ 75--		
211	Spiritual Economics 16 class hrs / 1 semester unit	8 weeks	\$ 75--		
311	Think & Grow Rich 30 class hours / 2 semester units	12 weeks	\$ 150--		

Please check this box if the address information above has recently changed.

Check this box if you are taking this course for credit toward a degree or certification. See tuition due.

Check this box if you are attending this course for spiritual community and personal satisfaction. Love offering basis. Payment for materials may be requested.

Registration/Payments

Paid today: \$ _____

Cash Check Check # _____

Total PAID: \$ _____

Per the policies and procedures, I understand that the tuition listed includes a \$25 class deposit and that it is non-refundable and non-transferable to other classes or students. I have been given a copy of these registration policies and, with my signature below, accept the conditions as stated.

Name/Signature _____

Date _____

* = Minimum required courses to become a Religious Science Licensed Practitioner or Minister credential. Open to ALL students.

More Courses on page 2

Copies of this form will be provided to: 1. Student 2. Instructor 3. Records (original)