



www.lifewaysnorthamerica.org

Application for Enrollment

Training Location and Date _____

Name _____

Mailing Address _____

(Please include street address, city, state and zip code.)

Cell phone number _____ Other phone number _____
(Please include area code)

E-mail _____ Birth date _____

Background in relationship to work with young children: (Please use back of page)

Primary interest in taking the LifeWays training: (Please use back of page)

How did you learn about the LifeWays training (please check all that apply):

Word of Mouth LifeWays website LifeWays Facebook Page Facebook Ad
 Print Ad (Gateways Lilipoh Other) On-line Ads (e.g., Waldorf Today)
 E-newsletter or other online info from LifeWays Other blogs/websites
 Other: _____

Please attach a one-page biography and submit with this application.

____ Enclosed is a check or money order for **\$50.00** non-refundable application fee.

Signature _____ Date _____

Please send this form and check payable to LifeWays North America to the Student Services Director of your Training: see [Mailing Addresses](#).

Note: Registration is not complete until Application, \$50 Fee and Payment Plan have been approved and processed.