



Tenacre School of Christian Science Nursing

Application for "The Christian Science Nurse Within You"

Full Name: _____

Address: _____

City, State, Zip code: _____

Phone (Home): _____ Phone (cell): _____

Fax: _____ E-mail address: _____

Are you a member of The Mother Church? _____

Branch Church? _____ If yes, city & state _____

Please share why you would like to participate in *"The Christian Science Nurse Within You"* workshop.

Are you able to take part in practical lessons that require climbing stairs, lifting and bending? _____

Are you free from the need for Christian Science nursing assistance? _____

While on Tenacre's property the use of alcohol or tobacco is not permitted. Do you agree to uphold this standard? _____

Please provide the names, telephone numbers and email addresses of two references who are Christian Scientists:

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

Person to contact in case of emergency:

Name _____

Relationship _____

Phone _____

Will you be staying overnight? _____

If so, please complete and submit the “Tenacre Visitor Accommodations” application along with this application.

Please note that the Tenacre campus is large and much walking is necessary, including stairs. Thank you.

Signature: _____ Date: _____

Print

Submit

Reset

If mailing, please return completed application to:

Tenacre School of Christian Science Nursing
P.O. Box 632
Princeton, NJ 08542
Attn: CSNWY

Via fax: 609-279-2497