

**Northern Illinois Synod Diakonia™ Program**  
Enrollment Application

Name: _____	
Address: _____	
City/State/ZIP: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

Congregation: \_\_\_\_\_  
ELCA     Other  \_\_\_\_\_  
(If "Other," please describe)

Length of time at current congregation: \_\_\_\_\_

Highest School Grade Completed: \_\_\_\_\_

Briefly describe those ministries you care currently involved in, or hope to be involved with in the future.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: Rockford  Dixon  McHenry  Joliet  DeKalb/Sycamore  Mt. Carroll   
(Note: Sites must have a minimum enrollment to operate).

By signing below, I agree that the Northern Illinois diakonia™ Steering Committee shall, at their sole discretion, have both the authority and the duty to take disciplinary action whenever the behavior of any student(s) materially interferes with or substantially disrupts maintenance of a proper learning atmosphere within the program, up to and including expulsion of any offending student. Additionally, I agree that my name, address, phone number and other contact information may be distributed to classmates and other churchwide and synod agencies as may be deemed necessary by the Steering Committee.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OVER

Please note: A nonrefundable registration fee of \$30 must accompany this application. Please make checks payable to *diakonia* and mail to:

Diakonia  
c/o Dr. Denise Rode  
2800 Country Club Lane  
DeKalb, IL 60115

Applications should be received at least two weeks prior to the start of school year. Most classes begin the week following the Labor Day Weekend.