

# After You Say Yes

## Registration Form

Husband NRIC/PP NO.

Husband's Name

Wife's NRIC/PP NO.

Wife's Name

Address

Postal Code

His Contact  (office)

(mobile)

(home)

Email

Occupation:

Her Contact  (office)

(mobile)

Email

Occupation:

No. of years married: \_\_\_\_\_

The age of the Children: \_\_\_\_\_

Regular Place of Worship (if any):  [Trinity@Adam](mailto:Trinity@Adam)  [Trinity@Paya Lebar](mailto:Trinity@Paya Lebar)  Others \_\_\_\_\_

Are you in a TCC carecell? If yes, please indicate: District: \_\_\_\_\_ Name of Carecell: \_\_\_\_\_

TCC Membership Number : \_\_\_\_\_

**A) TCC-Registered Member - Course Fees: Waived ENRICH Test: S\$30 (per couple)**  
**B) Non TCC-Registered Member - S\$90 (per couple) inclusive of ENRICH Test fee**

Cash:

Cheque:  **Cheque payment: Make cheque payable to Trinity Christian Centre**

**For Official Use only**

Fee: \_\_\_\_\_ Action by: \_\_\_\_\_ Grp No: \_\_\_\_\_ Date: \_\_\_\_\_