

Metropolitan District Congress of Christian Education

CHILDREN/YOUTH MINISTRY REGISTRATION FORM

PLEASE PRINT

PLEASE PRINT

Today's Date _____

Child/Youth's Age _____
_____ Boy _____ Girl (check one)

Name _____
First Middle Last

Address _____

City _____ Zip Code _____

Telephone Number () _____

E-mail Address _____

Church Home _____

Pastor's Name _____

****NAME OF THE COURSE THE ADULT I AM WITH IS TAKING:**

ANY ALLERGIES? _____

******PLEASE DO NOT WRITE BELOW THIS LINE • FOR OFFICIAL USE ONLY******

ATTENDANCE RECORD

TUESDAY []

WEDNESDAY []

THURSDAY []

FRIDAY []

DEAN/ REGISTRAR'S INITIALS AND DATE _____

COMMENTS _____

Metropolitan District Congress of Christian Education

Adult Class Registration Form

PLEASE PRINT

PLEASE PRINT

Today's Date _____

Course Number: _____

Course Name: _____

Name _____
Title First Middle Last

Address _____

City _____ Zip Code _____

Telephone Number () _____

E-mail Address _____

Church Home _____

Pastor's Name _____

If Your Name and/or Address changed, provide Previous Information Here:

*****PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY*****

ATTENDANCE RECORD

TUESDAY []

WEDNESDAY []

THURSDAY []

FRIDAY []

ELIGIBLE FOR COURSE CARD? YES [] NO []

DEAN/ REGISTRAR'S INITIALS AND DATE _____

COMMENTS _____
