

Metropolitan District Congress of Christian Education

Adult Class Registration Form

PLEASE PRINT

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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:

I HAVE A CHILD(REN) IN THE _____ CHILDREN'S CLASS _____ YOUTH CLASS _____ TEEN CLASS (WRITE NAME(S) ON BACK OF FORM)

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

ATTENDANCE RECORD

SEPTEMBER [] OCTOBER [] NOVEMBER []

DECEMBER [] JANUARY [] FEBRUARY []

MARCH [] ELIGIBLE FOR COURSE CARD? YES [] NO []

DEAN/ REGISTRAR'S INITIALS AND DATE _____

COMMENTS _____
