

# 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

SEPTEMBER [ ] OCTOBER [ ] NOVEMBER [ ]

DECEMBER [ ] JANUARY [ ] FEBRUARY [ ]

MARCH [ ]

DEAN/ REGISTRAR'S INITIALS AND DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_