Student Registration Form

Teaching Children Effectively Level 1

Date TCE course began: _____ Date TCE course ended: _____

Location: _____
City State

Course coordinator: _____ Phone: (___) _____

Instructors: _____ _____

_____ _____

(To be filled out by TCE student. Please complete all information.)

Mr., Mrs., Miss, Ms.: _____
(Circle one) (Print your name **clearly** as it should appear on your certificate)

Present mailing address: _____

_____
(City) (State) (Zip)

E-mail address: _____

Home phone: ( ) _____ Daytime phone: ( ) _____

Date of birth: _____ Marital status: Single _____ Married _____ Widowed _____
(Month/Day/Year)

Occupation: _____

Church name: _____

Pastor's name: _____

Have you received previous training from *CEF®*? _____ If so, describe:

List the **types** of Christian service in which you have been or are now engaged in your church.

What special Bible courses, Christian education seminars and/or conferences have you attended?

How do you anticipate this course will be of benefit to you?

Course Coordinator—Send this form for each student at the beginning of the TCE course to:
CMI Field Course Coordinator, Children's Ministries Institute, Box 348, Warrenton, MO 63383

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