Metropolitan District Congress of Christian Education CHILDRENS Registration Form

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	Last	Boy	Girl
			
	_ Zip Code		
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Metropolitan District Congress of Christian Education Class Registration Form

PLEASE PRINT

Today's Date				
Course Number				
Course Name				
Name				
Title	First	Middle	I	Last
Address				
City		_ Zip Code		
Telephone Number ()			
E-mail address				
Church Home				
Pastor's Name				
Name and/or address c				
PLEASE DO NOT	WRITE BELOW	THIS LINE - FOR O	FFICIAL USE ON	NLY
	ATTENDA	NCE RECORD		
SEPTEMBER []	OCTOBER	[] NOV	EMBER[]	
DECEMBER []	JANUARY	[] FEB	RUARY []	
MARCH []	ELIGIBLE	FOR COURSE CA	RD? YES[]	NO[]
REGISTRAR'S INIT	TALS AND DAT	`E		
COMMENTS				