

Student Registration Form

Teaching Children Effectively™ Level 1

Date course begins: March 3, 2026 _____ Date course ends: May 5, 2026 _____

Location: New Orleans (Zoom)
City _____ State LA

Course Coordinator: Debbie Smith Phone: (504) 400-4095

Email address: WeeCanKnow@Gmail.com

Instructors: Chris Jolissaint, Mary Glover, LilyAnn Gerhardt, Donna Deason, Connie Robison

Debbie Smith, Phil Smith

(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)

Email address: _____

Home phone: () _____ Cell phone: () _____

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

Occupation: _____

Church name: _____

Pastor's name: _____

Have you received previous training from *Child Evangelism Fellowship®* (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:
CEF, Children's Ministries Institute® (CMI®) Field Course Coordinator, P. O. Box 348, Warrenton, MO 63383-0348