

Student Registration Form

Teaching Children Effectively™ Level 1

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

Location: _____ New Orleans (Zoom) _____ LA _____
City State

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