

# CHRISTIAN EDUCATORS' TRAINING SCHOOL REGISTRATION FORM

**School:** \_\_\_\_\_  
**Church:** \_\_\_\_\_  
**Pastor/Administrator:** \_\_\_\_\_  
**Principal:** \_\_\_\_\_  
**School Location Address:** \_\_\_\_\_  
**School Mailing Address:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Tel. No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

*Please print legibly. Under "Learning Center Level" please indicate High School, Elementary, ABC's or Preschool.*

	Name to be printed on Certificate	Position	Learning Center Level	No. of Years Trained
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Training Venue: \_\_\_\_\_ Training Dates: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Total No. of Delegates: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_ OR No.: \_\_\_\_\_

