

**CHILDREN'S MINISTRIES**

**Quarterly Report**

Name of Director \_\_\_\_\_  
For quarter ending \_\_\_\_\_  
Are you operating:  
Children's Worship \_\_\_\_ (avg. att. \_\_\_\_);  
Children's Discipleship \_\_\_\_ (avg. att. \_\_\_\_);  
Kid's Crusade \_\_\_\_ (avg. att. \_\_\_\_);  
No. on staff \_\_\_\_ No. staff training  
sessions held \_\_\_\_ (avg. att. \_\_\_\_);  
No. certified in Excellence in Ministry  
\_\_\_\_ Helping Hands \_\_\_\_ ( offering  
amount: \_\_\_\_ )Other activities sponsored:  
\_\_\_\_\_  
Total experiences in all ministries this  
quarter: saved \_\_\_\_ sanctified \_\_\_\_ Holy  
Spirit \_\_\_\_

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Quarterly Report for Quarter Ending \_\_\_\_\_, 20\_\_\_\_

Name and address of director: \_\_\_\_\_  
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Program? Yes \_\_\_\_ No \_\_\_\_ average attendance \_\_\_\_ . This quarter, did the church  
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