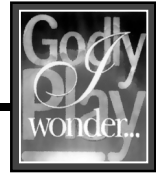


*Godly Play® Teacher Accreditation and Re-accreditation
Participant Information Sheet*



PLEASE PRINT - Please complete both sides and return to the training site.

Name _____
(As you would like it to appear on your certificate)

Prefer to be called _____

Home Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

E-mail _____

May we have your permission to list your name, address, phone number and e-mail as part of a list to be distributed among participants? Yes _____ No _____

Church _____ Denomination _____

Church Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ website _____

-

Current position or role in local church _____

Experience in local church:

With children _____

With teaching _____

With Godly Play _____

Recent material read in relation to:

- Children _____
- Christian Education/Spirituality _____
- Godly Play _____

Areas in which you feel best prepared _____

Areas in which you feel least prepared _____

If you are attending a re-accreditation:

- Year of teacher accreditation training _____
- Site of training and/or name of trainers _____

What would you like to receive from this training event?