

FAMILY LIFE ACADEMY
of the
Kansas District - LCMS

Application for Enrollment

Please fill out the form as completely as possible:

Name of Congregation _____

Address _____

Phone Number _____ EMAIL Address _____

Fax Number _____

Name of Pastor (s) _____

Name of DCE _____

Name and Position of Other Full or Part Time Church Workers:

Number of Communicant Members _____ Number of Baptized Members _____

State your congregation' Mission Statement.

Does your church have a Vision Statement? Yes _____ No _____ If yes, what is it.

Explain why your congregation wants to enroll in the Family Life Ministry Academy.
(Attach an additional page, if necessary)

Outline your congregation's expectations and future plans for a Family Life Ministry program.
(Attach an additional page, if necessary)

Describe any previous or present Family Life Ministry activities or programs in your congregation. *(Attach an additional page, if necessary)*

By submitting this application our congregation understands and is willing to commit a minimum of five church leaders including the senior pastor, other staff responsible for Family Life Ministry and at least three church leaders to the two year academy program.

Upon completion of the academy program our congregation agrees to be a mentoring congregation for Family Life Ministry to other congregations within the Kansas District.

Team Members please sign, date, and return this application:

Senior Pastor

Leader Name and Position

Leader Name and Position

Leader Name and Position

Leader Name and Position

Leader Name and Position

Send to: Family Life Ministry Academy
The Lutheran Center
1000 SW 10th Ave
Topeka, KS 66604

Date _____