



CHILDCARE COMMUNITY MINISTRIES PHILIPPINES FEEDING APPLICATION FORM



MAILING ADDRESS	: CHILDCARE COMMUNITY MINISTRIES PHILIPPINES P.O. Box 272 1502 Greenhills, San Juan M.M.
PHYSICAL LOCATION	: 3rd Floor Arellano Bldg. Imelda Ave. corner Village East 1900 Cainta, Rizal
TELEPHONE NUMBER	: (02) 655-5565 / 656-8976
FAX NUMBER	: (02) 655- 6697
E-MAIL ADDRESS	: info@ccmp.cc
WEBSITE	: www.ccmp.cc

Date Sent: _____ Date Received @ Manila Office: _____ By: _____

PASTOR'S NAME: _____

ADDRESS: _____ TELEPHONE # _____

CHURCH NAME: _____ TELEPHONE # _____

ADDRESS: _____

AFFILIATION: _____ DATE OF AFFILIATION: _____

AVERAGE ATTENDANCE: _____ DO YOU HAVE YOUR OWN BUILDING? _____

IF NOT WHERE DO YOU MEET? _____

WHERE DO YOU PLAN TO HAVE THE FEEDING STATION? (exact location) _____

NUMBER OF CHURCHES IN YOUR COMMUNITY: _____

Please list as many as you can and give their denomination:

CHURCH NAME / DENOMINATION	CHURCH NAME / DENOMINATION
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

GIVE A BRIEF HISTORY OF YOUR CHURCH:

Please continue completing application on reverse side

Jesus took the little children up in His arms ... and blessed them. Mark 10:16

HOW MANY PEOPLE WOULD YOU ESTIMATE LIVE WITHIN 3 KILOMETERS OF YOUR CHURCH? _____

HAS THERE BEEN A FEEDING PROGRAM IN YOUR COMMUNITY? _____

IF SO, WHEN? _____ IS IT STILL ACTIVE? _____

IF NOT, WHY? _____

DESCRIBE THE PHYSICAL CONDITIONS OF THE FAMILIES IN YOUR COMMUNITY. (including employment, housing, average income, number of children per family, etc.) _____

PLEASE EXPLAIN HOW CHILDCARE COMPASSION MINISTRIES WOULD HELP ADVANCE THE KINGDOM OF GOD IN YOUR COMMUNITY? _____

AS PASTOR IT WILL BE YOUR RESPONSIBILITY TO ENSURE THAT THE DAILY ACTIVITIES AT THE FEEDING STATION ARE IN ACCORDANCE WITH CCMP POLICY.

(PLEASE DO NOT FORGET TO PRINT YOUR FULL NAME BEFORE SIGNING)

Date Signed _____	_____
	PASTOR
Date Signed _____	_____
	SUPERINTENDENT
Date Signed _____	_____
	PRESBYTER
Date Signed _____	_____
	DEACON/ ELDER

When completed please secure the necessary signatures and return this application to:

**CHILDCARE COMPASSION MINISTRIES PHILIPPINES
P.O. BOX 272
1502 GREENHILLS, SAN JUAN M.M.**