

EAST JAMAICA CONFERENCE
FAMILY MINISTRIES

**74 Constant Spring Road, Kingston 10**

**QUARTERLY REPORT FORM**

The EJC Family Ministries Department would like to capture pertinent information regarding activities carried out by the local churches. Please fill in the relevant information:

1. Report for the period ending\* 2. Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First quarter - January-March \_\_\_\_\_\_\_\_\_

Second quarter - April-June \_\_\_\_\_\_\_\_\_

Third quarter - July-September \_\_\_\_\_\_\_\_\_

Fourth quarter - October- December \_\_\_\_\_\_\_\_\_

3. Which zone are you from? 4. Name of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zone 1 \_\_\_\_\_\_\_\_\_\_\_\_

Zone 2 \_\_\_\_\_\_\_\_\_\_\_\_

Zone 3 \_\_\_\_\_\_\_\_\_\_\_\_

Zone 4 \_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name(s) of Family Ministries Leader(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your church have a Family Ministries committee? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

7. If yes, does your committee meet on a regular basis?   Yes\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

8. Does your church have an active Singles Ministry group? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

9. Name(s) of your Singles Ministry Leader(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Does your church have a Couples Group? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

11. If yes, how large is that group?

 2- 10 Couples \_\_\_\_\_\_\_\_\_\_\_\_\_

 10- 20 Couples \_\_\_\_\_\_\_\_\_\_\_\_\_

 20 and above Couples \_\_\_\_\_\_\_\_\_\_\_\_\_

12. Did your Family Ministries Department have any of the following this quarter? (Tick all that apply)

 Parenting Seminar\_\_\_\_ Family Life Seminar \_\_\_\_ Singles Forum \_\_\_\_ Family Life Day \_\_\_\_

Family Life Crusade/ Revival \_\_\_\_ Couples Night/Forum/Rap Session \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_