SOUTHERN UNION CONFERENCE





In order to keep our records accurate, please complete and return this form to us if you know that your center will be closing. Thank you.

Center's Information

Name: Address: Telephone: Fax: Director's Personal Information Name: Address: Telephone: e-mail: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No	Closing date:	Conference	e:			
Telephone: Director's Personal Information Name: Address: Telephone: Pastor's Personal Information Name: Address: Telephone:	Name:					
Director's Personal Information Name: Address: Telephone: e-mail: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Address:					
Name: Address: Telephone: e-mail: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Telephone:		Fax:			
Name: Address: Telephone: e-mail: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:						
Address: Telephone: e-mail: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No No Department to: Southern Union Conference Early Childhood Education 302 Research Dr. Nocross, GA 30092 Director's Signature Date:	Director's	Personal Information				
Telephone: Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Local conference Education Department has been notified. Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Name:					
Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Address:					
Pastor's Personal Information Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Yes No Local conference Education Department has been notified. Yes No Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:						
Name: Address: Telephone: e-mail: Local Conference Adventist Risk Management has been notified. Local conference Education Department has been notified. Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Telephone:		e-mail:			
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Please return to: Southern Union Conference Early Childhood Education 302 Research Dr. Norcross, GA 30092 Director's Signature Date:			lea.			
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302 Research Dr. Norcross, GA 30092 Director's Signature Date:	Please return to					
Director's Signature Date:						
		Norcross, GA 30092				
Pastor's Signature Date:	Director's Signatur	е	Date:			
	Pastor's Signature		Date:			