

**OFFICE OF MINISTER OF CHILDREN (MERIDIES)**  
**QUARTERLY REPORTING FORM**

Name: \_\_\_\_\_ SCA Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Are you subscribed to MOC\_Meridies? **9**Yes **9**No

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Deputy Name: \_\_\_\_\_ SCA Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Are you subscribed to MOC\_Meridies? **9**Yes **9**No

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How long has your group had a Minister of Children? \_\_\_\_\_ Years \_\_\_\_\_ Months

How long have you served as Minister of Children? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many children/minors (under 18) do you currently have in your group? \_\_\_\_\_

How many age 0 - 5? \_\_\_\_\_

How many age 6 - 9? \_\_\_\_\_

How many age 10 - 12? \_\_\_\_\_

How many age 13 - 16? \_\_\_\_\_

How much time do you devote to your office on a daily basis? \_\_\_\_\_ Hours \_\_\_\_\_ Min.

On a weekly basis? \_\_\_\_\_ Days \_\_\_\_\_ Hours

On a monthly basis? \_\_\_\_\_ Days \_\_\_\_\_ Hours

Does your group have a provision in their budget for supplies for your office? **9**Yes **9**No

If so, how much? \$ \_\_\_\_\_

How many events has your group held in the past quarter? \_\_\_\_\_

What are the (approximate) dates of those events? Event 1. \_\_\_\_\_

Event 2. \_\_\_\_\_

Event 3. \_\_\_\_\_

Did you host any Kingdom/Principality events this quarter? **9**Yes **9**No

If yes, which events? \_\_\_\_\_  
\_\_\_\_\_

Does your group have a newsletter? **9**Yes **9**No

If so, do you publish a regular letter to the populace in the newsletter? **9**Yes **9**No

Does your group publish a children's section in the newsletter? **9**Yes **9**No

