



# MHCC Sunday School Registration 2018-2019

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What does your child prefer to be called? \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Telephone: (optional) \_\_\_\_\_

Email: \_\_\_\_\_

Cell Telephone: (optional) \_\_\_\_\_

Siblings: \_\_\_\_\_

We do cooking activities and children are given snacks.

Does your child have allergies?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What grade will your child attend for the 2018-2019 school year? \_\_\_\_\_

What would you like us to know about your child so that we can provide a positive learning experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_

We are asking all families whose children participate in the Sunday School program to volunteer a total of eight (8) hours throughout the year. Which activities will you do to support the program? (please check)

Assist in classroom  
(K-2, 3-5, 6-8)

Enrichment/Special Sunday  
Support/Pageant

Child Care in 0-4 Class

### Authorization to Photograph

Do you give permission to allow your child to be photographed during MHCC activities for the purpose of publicity in the local newspapers, bulletin board displays, newsletters, flyers and this church's own website?

Yes  No

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date