



MHCC Sunday School Registration 2019-2020

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 2019-2020 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