

MHCC Sunday School Registration 2020-2021

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 child	dren are given snacks.
Does your child have allergies?	□ Yes □ No
If yes, please explain:	
What grade will your child attend	for the 2020-2021 school year?
What grade will your child attend	
What would you like us to know a him/her?	about your child so that we can provide a positive learning experience for
IIIII/IICI :	
We are asking all families whose of	children participate in the Sunday School program to volunteer a total
of eight (8) hours throughout the y	year. Which activities will you do to support the program? (please check)
☐ Assist in classroom	☐ Enrichment/Special Sunday ☐ Child Care in 0-4 Class
(K-2, 3-5, 6-8)	Support/Pageant
	Authorization to Photograph
· · ·	low your child to be photographed during MHCC activities for the cal newspapers, bulletin board displays, newsletters, flyers and this
Parent's/Guardian's Signature	Date