	MHCC Sunday School Registration 2023-2024	
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? \Box Yes \Box No		
If yes, please explain:		
What grade will your child attend for the 2023-2024 sche What would you like us to know about your child so that him/her?	• 	tive learning experience for
We are asking all families whose children participate in to of eight (8) hours throughout the year. Which activities Assist in classroom Enrichm (K-2, 3-5, 6-8) Support/Pag	will you do to support i ent/Special Sunday	
Authorization to	Photograph	
 Do you give permission to allow your child to be purpose of publicity in the local newspapers, bullet church's own website? □ Yes □ No 		
Parent's/Guardian's Signature	Date	
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