

MCNJ Membership Fees*: \$100/Yr

Paid: Yes [] No []

Cash [] CC [] Check# _____

_____	_____	_____
Father's Last Name	First Name	Middle Name
_____	_____	_____
Mother's Last Name	First Name	Middle Name
_____	_____	_____
Home Phone	Cell Phone*	Address
Email*: _____		
_____	_____	_____
	City	State Zip

<u>Sunday School Fees/Yr</u>	Date	Amount Paid	Balance
Book Fees (\$40/child): _____ Total Due: _____			
Tuition:			
Amount Paid _____			
Balance: _____			
1 Child (\$200) _____			
2 Children (\$300) _____			
3 or More (\$375) _____			
High School (\$50) _____			
Cash [] Check# _____			
Credit Card []			

EMERGENCY CONTACT (other than parents/guardians)

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Contact Name	Relation to Student	Phone

STUDENT INFORMATION

Last Name	First Name	M/F	Date of Birth	For Office Use (Level)

Please make check payable to **MCNJ** and write **"Sunday School"** in memo area.

- We have received and read the Rules and Etiquettes instructions and shall abide by the same.
- We GRANT permission for video/photos/images that include student/s to be published on the school's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

Note: Families with proven financial difficulties may apply for tuition assistance. Subject to approval by School Administration. Please ask for the application form.

Parent/ Guardian Signature*: _____ Date: _____