

MCNJ Membership Fees: \$100/Yr.

Paid: Yes [ ] No [ ]

Cash [ ] CC [ ] Check# \_\_\_\_\_

<hr/> Father's Last Name	<hr/> First Name	<hr/> Middle Name
<hr/> Mother's Last Name	<hr/> First Name	<hr/> Middle Name
<hr/> Home Phone	<hr/> Cell Phone*	<hr/> Address
<hr/> Email*:	<hr/> City	<hr/> State                  Zip

<u>Tuition Fees/Yr</u>	Date	Amount Paid	Balance																												
<table style="width:100%;"> <tr> <td style="width:35%;">Book Fees (\$40/child): _____</td> <td style="width:30%;">Total Due: _____</td> <td style="width:10%;"></td> <td style="width:25%;"></td> </tr> <tr> <td>Tuition: _____</td> <td>Amount Paid _____</td> <td></td> <td></td> </tr> <tr> <td>1 Child (\$250) _____</td> <td>Balance: _____</td> <td></td> <td></td> </tr> <tr> <td>2 Children (\$400) _____</td> <td>Cash: [ ] Check# _____</td> <td></td> <td></td> </tr> <tr> <td>3 Children (\$480) _____</td> <td>Credit Card [ ] _____</td> <td></td> <td></td> </tr> <tr> <td>(4 or more \$125/child)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>High School (\$50) _____</td> <td></td> <td></td> <td></td> </tr> </table>	Book Fees (\$40/child): _____	Total Due: _____			Tuition: _____	Amount Paid _____			1 Child (\$250) _____	Balance: _____			2 Children (\$400) _____	Cash: [ ] Check# _____			3 Children (\$480) _____	Credit Card [ ] _____			(4 or more \$125/child)				High School (\$50) _____						
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**EMERGENCY CONTACT (other than parents/guardians)**

<hr/> Contact Name	<hr/> Relation to Student	<hr/> Phone
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**STUDENT INFORMATION**

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

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\*: \_\_\_\_\_