



## MCC Community Group Yearly Childcare Benevolence Form

**Requestor Information:**

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

**Child(ren) Information:**

Child 1: Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child 2: Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child 3: Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child 4: Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child 5: Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*For additional children, please attach additional pages showing name(s) and date(s) of birth.*

By signing below, I hereby certify to Millcreek Community Church that the cost of childcare is an obstacle to my ability to participate in my Community Group Meeting and without this assistance the cost of childcare would be a financial hardship to my family. I understand that the Millcreek Community Church may request additional information to verify these statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn this form back to Cindy Salisbury or to her email [cindys@millcreek.org](mailto:cindys@millcreek.org) within 10-14 days of the first date of childcare.

We encourage everyone at MCC to join a Community Group. These are times to grow closer to God and to His people. We do not want any obstacles to get in the way of anyone being able to participate, especially parents. This form is used to offer benevolence to families who would not be able to attend because of childcare costs.

**For Office Use Only:**

Application Approved:

Application Denied:

If denied, please give reason:

Signature of

Authorized Person:

\_\_\_\_\_

Date:

\_\_\_\_\_

Title:

\_\_\_\_\_