



**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 Genevieve Marcy or to her email gen@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: _____