

MCCUC Sunday School



I would like to enroll my child / children into Sunday school

Age	Weekday school grade level	Surahs Memorized
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like to volunteer my services for the Sunday school.

<input type="checkbox"/> Teacher	<input type="checkbox"/> Teacher's assistant	<input type="checkbox"/> Admin staff
<input type="checkbox"/> Doctor / Nurse	<input type="checkbox"/> Web designing	
<input type="checkbox"/> Access, excel, word and Power Point 2007/2010	<input type="checkbox"/> Other responsibilities	

Comments: _____

As a volunteer i am available for the following time.

<input type="checkbox"/> 10:00 am – 01:30 pm (all day)	<input type="checkbox"/> 10:00 am – 11:00 am
<input type="checkbox"/> 11:00 am – Noon	<input type="checkbox"/> Noon – 01:00 pm

Name	
Address	
City/State/Zip	
Phone	
Email	

Any questions please contact us @ 908-875-9199

Please drop off completed form in the donation box or email to mccuc97@yahoo.com or mail to:

Sunday School, Muslim Community Center of Union County, 964-984 Magie Avenue, Elizabeth, NJ 07208