

**MARONITE CHRISTIAN FORMATION PROGRAM (MCFP)**  
The Eparchy of Our Lady of Lebanon  
Saint Maron Church  
7800 Brookside Road  
Independence, Ohio 44131  
216.520.5081 216.524.2659 Fax

**2018-2019 Registration Form**  
Yearly Fee: \$35.00  
Online Registration: [www.saintmaron-clev.org](http://www.saintmaron-clev.org)

**Student Information: (One Form per Child)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

In Case of Emergency contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AUTHORIZED CHILD PICK-UP  
(INCLUDING UNDER THE AGE OF 16)**

**To ensure your child's safety, please let us know who has permission to pick up your child.**

**Individuals I authorize to pick-up my child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**Office Use:**

Amount: \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_

**(BOTH PAGES MUST BE COMPLETED)**

**Release Information**

**Medical Information:**

1. List any allergies your child may have \_\_\_\_\_

2. Does your child have any medical or health problems?                      YES                      NO

If yes, please explain \_\_\_\_\_

3. Is your child currently on any medications?                      YES                      NO

If yes, please list: \_\_\_\_\_

**Medical Release**

I understand that if a serious illness or injury develops, medical or hospital care will be given; however, Pastor or St. Maron Church, Cleveland Ohio, representative is not responsible in case of accidental injury or illness. I further understand that in case of serious illness or injury, I will be notified; but if impossible to contact me, I REQUEST AND GIVE PERMISSION FOR EMERGENCY TREATMENT OR SURGERY AS RECOMMENDED BY THE ATTENDING PHYSICIAN.

Signature of parent or legal guardian: \_\_\_\_\_

**Transportation Releases**

I, \_\_\_\_\_ the parent of \_\_\_\_\_ permit the Pastor or St. Maron, Cleveland, Ohio representative to transport my child. I hereby release the Pastor or St. Maron, Cleveland, Ohio representative from any and all liability for any damages flowing from any cause of action at law, in tort, or in equity and from any injury incurred by my child with his/her transportation pursuant to this authorization caused or alleged to caused in whole or part by the youth office negligence, gross negligence, or otherwise. I further agree that transportation of my child is being done with my full knowledge.

**Photographs and Video Tape**

Photographs and video may be taken to document the MCFP activities and events. These may be published in; but not limited to, Saint Maron newsletter (The Messenger) or Maronite Voice.

Please check ONE of the following

\_\_\_ St. Maron's MCFP has my permission to photograph or video tape my child while participating in MCFP activities or events.

\_\_\_ I DO NOT give permission to St. Maron's MCFP to photograph or video tape my child while participating in MCFP activities or events.

Signature of parent or legal guardian \_\_\_\_\_

**(BOTH PAGES MUST BE COMPLETED)**