

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

Student Information: (One Form per Child)

2021-2022 Registration Form

Yearly Fee: \$35.00

Online Registration: www.saintmaron-clev.org

My Child will be attending (Check One)

☐ Thursday Evenings 7:00-8:00pm. Parish Center Ind.

☐ Sunday Mornings 12:00-1:00pm. St. Maron Downtown

Name: _____ Grade: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

School: _____ Date of Birth: _____

Parent/Guardian Information:

Mother's Name: _____

Phone: _____ Cell: _____ E-Mail: _____

Father's Name: _____

Phone: _____ Cell: _____ E-Mail: _____

In Case of Emergency contact:

Name: _____ Phone Number: _____

**AUTHORIZED CHILD PICK-UP
(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: _____

OVER (BOTH SIDES 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 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 be 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 _____

OVER (BOTH SIDES MUST BE COMPLETED)