MARONITE CHRISTIAN FORMATION PROGRAM (MCFP) 2022-2023 Registration Form
The Eparchy of Our Lady of Lebanon
Saint Maron Church
7800 Brookside Road
Independence, Ohio 44131
216.520.5081 216.524.2659 Fax

There is NOT a Fee to attend

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

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: _________________ 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 cause 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)