

Holy Cross Melkite Catholic Church

Eastern Christian Formation Registration Form

Registration Deadline: See Parish Calendar for Details.

451 West Madison Avenue / Placentia, CA / 92870

(714) 985-1710. office@holycrossmelkite.org – www.HolyCrossMelkite.org

Family Name: _____ First Name: _____ Male: _____ Female: _____

Address. Number and Street: _____

City & State: _____ Zip Code: _____

Birthday: _____ Age: _____ Grade Level: _____ Home phone number: _____

Check all that apply:

I can help with the Sunday School Program by:

Teaching: _____ Specify availability: _____

Volunteering for special events: _____ Specify availability: _____

Parents Contact information:

Father: _____ Cell phone: _____ Email: _____

Mother: _____ Cell phone: _____ Email: _____

Emergency Contact: Secondary Person to contact in case of emergency (adult of another household):

Name: _____ Relation: _____

Home Phone: _____; Cell Phone: _____

Allergies/Medical Conditions? _____

Other matters and / or special needs you want us to know, in confidence that you believe would help us serve your child:

I, the Parent (guardian) of _____, agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible. As a condition of my child being allowed to do so, I hereby release and discharge the Eparchy of Newton, its constituent organizations, including but not limited to the Melkite Catholic Bishop of Newton, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in religious education whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above. I agree that in the event my child is injured as a result of his/her participation in religious education including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of religious education and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use. I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

_____/_____/_____

Parent's Signature

Parent's Name

Date

Attached is the \$50 registration fee in cash _____ or check _____

Please make checks payable to: Holy Cross Church.