



B.O.X 4002 Leesburg, VA, 20177  
 (571) 233-5723

Email: [support@mccleesburg.org](mailto:support@mccleesburg.org)

Address: 19838 Sycoline Rd Leesburg, VA 20175

*Student Information (Please print)*

	First name	Last name	Date of birth	Current grade
1				
2				
3				

*Guardian Information (Please print)*

First Guardian name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Second Guardian name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell 1: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell 2: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Emergency contact: \_\_\_\_\_ Emergency phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relation: \_\_\_\_\_  
 Allergies/Medications: \_\_\_\_\_

Sunday  Registration fee for family one time \$50

Number of Students	Fee Per semester 3 Months
1	\$180
Monthly 1	\$60

*Official use only*

Amount paid: \_\_\_\_\_ (Cash / Check) Check number: \_\_\_\_\_ Date: / / Time: \_\_: \_\_

**Liability Waiver**

As the parent/legal guardian of the minor(s) listed above, I hereby grant full permission to (MCCL Education program) responsibility for any injuries and damages which may occur to this student(s) on, in, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge MCCL Education Program trustees, its school, and all associated with it, including teachers, administrators and volunteers same, be known, anticipated, or unanticipated, resulting from or arising out of the student(s) participation in the program and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) in case of injury or illness as deemed appropriate by the school or physician. Any medical expenses incurred for medical treatment shall be my responsibility.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date