

# Our Lady of Refuge Church

11140 Preston Street, Castroville, CA 95012

## Catechetical Office.

Phone: (831)633-4015 ext.113

Email: faith@olorc.org

<p><b>Office use only</b>  <b>Fee \$100. If more than one child, \$30 more per child.</b>  <b>After August 11<sup>th</sup>: Fee \$120. If more than one child, \$30 more per child.</b></p> <p><input type="checkbox"/> Cash   <input type="checkbox"/> Card   <input type="checkbox"/> Check   <input type="checkbox"/> Paid. \$ _____</p> <p>Received By: _____ Date: _____</p> <p style="text-align: center;"><b>Year: 2024-2025</b></p>
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### REGISTRATION FOR CATECHETICAL PROGRAM (LESS THAN 18 YEAR OF AGE)

Student's Last Name	Student's First Name	Grade in School	Age	Baptized?	Received First Com?	Catechism Class Language		For Office use
				Yes No	Yes No	English 1st year.	Spanish. 2nd year	
				Yes No	Yes No	English 1st year.	Spanish. 2nd year	
				Yes No	Yes No	English 1st year.	Spanish. 2nd year	
				Yes No	Yes No	English 1st year.	Spanish. 2nd year	

### Dirección

Street	City	Postal code
Primary contact person	Cell #	Relationship
Second contact person	Cell #	Relationship

Has your child any especial need that we should know?

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**\*\*\*Students are required to attend Mass with their family at Our Lady of Refuge Parish every weekend, especially the 1<sup>st</sup> Weekend of the month.**

- Are you committed to attend Mass with your child every weekend and holy Days of Obligation?  Yes    No
- Are you committed to participate actively in your child's faith formation by praying with him/her at home and attending parent's meetings?  Yes    No

## EMERGENCY INFORMATION AND AUTHORIZATION

1. I authorize the Catechetical Ministry Personnel of Our Lady of Refuge Catholic Church to use their judgment in obtaining emergency medical service deemed necessary and appropriate for my child/ren when it is needed.
2. I will be responsible **to walk my child/children to the classroom** and pick them up from the classroom after the class.
3. The following **student(s) have my permission to leave the classroom** when the class is over. (Enter High school confirmation Students Names here. Not for classes in the evening): \_\_\_\_\_

**In the case of an emergency**, and if we cannot be contacted, we, the parents/guardians, give permission to **contact the following persons**. The following people will also be **allowed to pick up my child/children**, after the class

	<b>Persons (adults only) authorized to sign in and sign out children</b>	<b>Cell #</b>	<b>Relationship</b>
1.			
2.			

## PERMISSION GIVEN TO OUR LADY OF REFUGE

I give my permission to Our Lady of Refuge to add my contact information to *Flocknote & [faith@olorc.org](mailto:faith@olorc.org)* to receive text/email messages. My child/ children have my permission to attend Catechetical activities, and Virtus training/ Safety drills /Safe Environment classes. This permission extents from September 2023- May 2024.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

## VOLUNTEER OPPORTUNITY FOR PARENTS

If you would like to volunteer for one or more of the activities stated below, please place a  next to ones you would like to participate in.

- Serve as a Catechist.
- Serve as a Catechist's Aide.
- Help with the set-up or clean-up for Catechetical events.
- Bake Cookies or prepare food for special Catechetical events.
- Pray for the Catechists, children and families.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
e-mail: