

**Our Lady of Refuge  
Religious Education Office (562)597-3102  
Registration and Release Form 2008-2009**

FYSP	ISP	SYSP
CONF 1	CONF 2	CI

**Student's Last Name** \_\_\_\_\_ **Family Name** \_\_\_\_\_ **Parish ID #** \_\_\_\_\_

**PLEASE PRINT CLEARLY ALL INFORMATION AND RETURN ONE PER FAMILY**

**Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **E-Mail(s)** \_\_\_\_\_ **Cell(s)** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_ **Father's Work Phone** \_\_\_\_\_ **Hours** \_\_\_\_\_ May we call you there? Y or N

**Mother's Name** \_\_\_\_\_ **Marital Status** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Mother's Work Phone** \_\_\_\_\_ **Hours** \_\_\_\_\_ May we call you there? Y or N

**Mother's Maiden Name** \_\_\_\_\_ **Language Spoken at Home** \_\_\_\_\_ **Child(ren) reside with** \_\_\_\_\_

Student's Last Name	Student's First Name	Male or Female	Date of Birth	Grade in Sept. 2008	School attending in Sept. 2008	Church of Baptism <small>(Please provide a copy to the Rel Ed Office)</small>	Received Communion?	Been Confirmed?

<u>FEES</u>				<b>Less Catechist / Aide Discount</b>
<b>Early Childhood through Grade 8</b>	1 student	\$65.00		
	2 or more students	\$120.00	_____	_____
<b>First Communion Preparation</b>	2 year process, payable in the second year	\$35.00	_____	_____
	Year #1 includes one day retreat	\$125.00	_____	_____
	Year #2 includes overnight off-site retreat	\$250.00	_____	_____
<b><u>TOTAL FEES DUE</u></b>			\$ _____	\$ _____

I understand that I am responsible for the total fees due. If I am unable to pay the full amount by December 31, 2008, I agree to make payment arrangements with the Religious Education Office before that date.

\_\_\_\_\_  
Signature Date

*First Communion Preparation and Confirmation Preparation are processes of two consecutive years of faith formation.  
A copy of the Baptism Certificate must be provided.*

**Contacts in case of emergency that the student may be released to other than parents/guardians:**

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**Name** *Please list allergies, special needs, considerations, and learning disabilities:*


"The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin."  
 --- *Catechism of the Catholic Church, p. 526, Article 2181*

CHURCH ATTENDANCE: I understand that weekly Church attendance is an indispensable component of my child's Religious Education.

\_\_\_\_\_  
Initials

As the parent/guardian of the above named student(s), I hereby give permission for his/her participation in activities sponsored by the Religious Education Office of Our Lady of Refuge Church. I agree to direct my child(ren) to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

\_\_\_\_\_  
Initials

I hereby authorize the making of photographs, videotapes, and recordings of said events and my child(ren)'s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise might have to limit or to control such making or use.

\_\_\_\_\_  
Initials

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 necessary in case of an emergency.

\_\_\_\_\_  
Initials

**FOR OFFICE USE ONLY**

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Date	Receipt	Check # or \$	Amount	Balance	Received by

**DISASTER RELEASE INFORMATION:**

Date	Student	Was Released to (Name, ID#, Phone)	Purpose	Time	OLR Rep.

# VOLUNTEER INFORMATION 2008-2009

Our Lady of Refuge Catholic Church - Religious Education Office (562)597-3102

Every household is expected to offer volunteer support to the religious education programs.

Please fill out this form and return it with your student registration form.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Business Phone \_\_\_\_\_ May we call you there? \_\_\_\_\_  
 Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Names and ages of your children (if applicable): \_\_\_\_\_ Available also?  
 \_\_\_\_\_ Yes No  
 \_\_\_\_\_ Yes No  
 \_\_\_\_\_ Yes No  
 \_\_\_\_\_ Yes No

What areas of ministry are you available for:

\_\_\_\_\_ Catechist/teacher in the classroom Sun. Morn Mon. Eve Tues. Eve  
 (Free Tuition\*; training will be provided; fingerprinting and Virtus Training are required by the Archdiocese)  
 \_\_\_\_\_ Classroom aide Sun. Morn Mon. Eve Tues. Eve  
 ( ½ Tuition\*; training will be provided; fingerprinting and Virtus Training are required by the Archdiocese)  
 \_\_\_\_\_ Substitute teacher or aide (Training will be provided)  
 \_\_\_\_\_ Clerical support in the office (1/2 Tuition\* with regular hours Sun. Morn Mon. Eve Tues. Eve  
 \_\_\_\_\_ Security (Circle Preference) Mon Tues  
 \_\_\_\_\_ Summer Day Camp - June 23 through July 3 and training (Youth - Service hours for school and Confirmation).  
 \_\_\_\_\_ Happy Birthday Jesus Party - December 13, 2008 from 10:00a.m. to 3:00p.m.  
 \_\_\_\_\_ Phone Tree  
 \_\_\_\_\_ Music (singing, dance, playing a musical instrument)  
 \_\_\_\_\_ Coffee Hour (Circle Preference Oct. Nov. March April  
 \_\_\_\_\_ Hospitality(Circle Preference) Coordinate Set-up Break down  
 \_\_\_\_\_ Catechetical Sunday Christmas Pageant End of Year Catechist Appreciator  
 \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally

Days of the week most available for ministry: \_\_\_\_\_

Hours available: \_\_\_\_\_ Daytime \_\_\_\_\_ Evening

What experiences, talents, skills, and/or training do you bring to working with/for children:

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\*Please Note: Tuition waive does not include First Communion Preparation or Retreats for Confirmation 1 and 2

