

Our Lady of Refuge Church

11140 Preston Street, Castroville, CA 95012

Catechetical Office.

Phone: (831)633-4015 ext.113

Fax: (831)633-4653

Email: jaise@olorc.org

For Office use only/ Solamente para uso de la oficina

Payment per Family: children's age - 17 years and under: \$70

Cash Check #: _____ Paid. Amount \$ _____

Receipt number: _____ Received By: _____

Date: _____

Year: 2021-2022 Class: _____ Time of class: _____

REGISTRATION FOR CATECHETICAL PROGRAM

Please print clearly

- 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 her/him at home and by attending parent's meetings? YES NO.
- Parent's preferred language? English. Spanish

Student's Last Name	Student's First Name	Grade	Date of Birth	Baptized?	Received First Com?	Class Language	For Office use. class
1.				Yes No	Yes No	En. Esp.	
2.				Yes No	Yes No	En. Esp.	
3.				Yes No	Yes No	En. Esp.	
4.				Yes No	Yes No	En. Esp.	
5.				Yes No	Yes No	En. Esp.	

1. School: _____ Location: _____

2. School: _____ Location: _____

3. School: _____ Location: _____

Home Address			
Number	Street / Calle	City / Ciudad	Zip Code / Código Postal
Home Telephone:		Work Phone	<input type="checkbox"/> Father <input type="checkbox"/> Mother
Father's Name/Guardian:		Father's Cell #	<input type="checkbox"/> Father <input type="checkbox"/> Guardian
Mother's Name/Guardian:		Mother's Cell #	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian

First Communion preparation: Begins from 2nd grade.

Language you prefer for First Communion Mass: English Spanish

Please submit all requirements at the time of registration.

EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

I authorize the Faith Formation/Catechetical Ministry Personnel of Our Lady of Refuge Catholic Church to use their judgment in obtaining emergency medical service for my child/ren, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate.

➤ I will be responsible to walk my child/children to the classroom and pick them up from the classroom after the class.

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

	Persons (adults only) authorized to sign in and sign out children	Telephone	Relationship
1.	Mother:		
2.	Father:		
3	Other Adult:		
4	Other Adult:		

I give my permission to Our Lady of Refuge to add my contact information to *Flocknote* to receive text/email messages: YES NO. You may send an email to: jaise@olorc.org.
Your email: _____.

MEDICAL INFORMATION

Name of Child	Allergies	Medicines
Telephone		
Doctor:		
Dentist:		

Does your child have any special needs that we should be aware of?



Permission Form for Online and/or Live-Streaming Instruction 2021-2022
School Year

The Diocese of Monterey Parish Catechetical Programs and the Diocese of Monterey Catholic Schools are adjusting their academic programs to include online instruction. It is the Parish's expectation that all students attend their online session at the scheduled time during distance learning.

To protect the privacy of all students participating in the Parish's distance virtual program, students and all are strictly forbidden from taking screen shots or recordings of the class, the instructor, or individual students during virtual instruction.

I give my permission for my child(ren) listed in this form (4 pages) may participate in online classes. I also agree to partner with the School in enforcing the prohibition against taking screen shots, making private recordings of the class, or otherwise recording the instructor, or individual students. This prohibition extends to everyone in your child(ren)'s family.

Name of Child(ren)

Grade

By signing this release, I hereby release and forever discharge the Diocese of Monterey and its affiliated entities, its officers, agents, and employees and volunteers from and against any and all claims, damages or suits which may arise from participation in, review of or otherwise related to the livestream courses outlined above. I understand and agree that if I wish to revoke my permission given in this Permission Form, I must do

so in writing and inform the parish. Otherwise, it will remain in full force and effect until the end of this academic year.

Parent/Guardian Name (Printed)

Date

Signature

Confirmation & Baptism Sponsor Information (RCIA)

Qualities of a Sponsor / godmother / godfather

1. Be designated by the one to be baptized (RCIA) /*Confirmed*).
2. Have completed the 16th year of age. (*It is recommended that sponsor is older than the candidate*)
3. **Be a Catholic** who has been **confirmed** and has already **received** the most holy sacrament of the **Eucharist** and who **leads a life of faith**.
4. Not be the father or mother of the one to be baptized /*Confirmed*. (Can. 874 .1)

*Sponsor is required to complete Sponsor-Information Form; submit proof of his/her baptism, Communion, Confirmation and *Matrimony in Catholic church (*if not single) at the time of registration.*

If you or anyone whom you know have not received any of the Sacraments - Baptism, Communion, Confirmation, or Matrimony in Catholic Church, please let us know how we can help you.

Student's Name	Confirmation Sponsor's Name	Sponsor's phone number

SAFE ENVIRONMENT FOR CHILDREN AND YOUTH

TO: Parents
FROM: Our Lady of Refuge Catholic Church
11140 Preston Street, Castroville, CA 95012

SUBJECT: Opportunity to "Opt Your Child Out" of the Touching Safety / Boundaries Program
DATE: September 6 2020

Our Lady of Refuge Catholic Church will present a sexual abuse prevention program, called Touching Safety / Boundaries, to our students.

The creators of the Protecting God's Children™ Program developed the Touching Safety /Boundaries program. This program is provided to us by the Diocese of Monterey, and is part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered to all students at Our Lady of Refuge Catholic Church. As a parent, you have the right to choose whether your child participates. We encourage you to read the attached overview so you'll be aware of the nature of the Touching Safety /Boundaries program. If you have questions about the program or the lesson, please contact Sister Jaise Thomas at (831)633-4015 ext. 113 or Email: jaise@olorc.org .

If you determine that you DO NOT want your child to participate, please complete the "OPT-OUT" form at the bottom of this page, and return it at the time of registration. If you decide to opt out, we will provide you a copy of the lesson plan so you can teach your child the material at home, if you choose to do so.

If you would like to review the complete Touching Safety/Boundaries lesson plan, it is available in the parish religious education office. For more information on the program, visit the VIRTUS Online™ website at www.virtus.org.

OPT-OUT Form for Use with the Teaching Safety Program (Optional)

Note: If you decide to opt-out, it is your responsibility not to send your child to catechism class on the dates we offer Safe Environment classes.

Our Lady of Refuge Catholic Church does NOT have my permission to present the Touching Safety program to my child, whose name is:

Parent's Name (Printed): _____ Parent's Signature: _____ Date: _____

VOLUNTEER OPPORTUNITY FOR PARENTS

If you would like to volunteer for one or more of the activities stated below, please place a [X] 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: _____

I have read, understood, and accepted EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION, Permission Form for Online and/or Live-Streaming Instruction, and the requirements for the religious education program.

Signature of parent/Guardian [] Parent [] Guardian

Date