

**Our Lady of Refuge**  
**Religious Education**  
**2022 - 2023 Registration Form**

**Family's Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Twp.** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Dad's Cell Phone #:** \_\_\_\_\_ **Mom's Cell Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

<b>Child's Name:</b> _____	<b>Birth Date:</b> _____	<b>Gender:</b> M / F
<b>Grade in Fall:</b> _____	<b>School:</b> _____	
<b>Baptism Parish &amp; Date:</b> _____	<b>1<sup>st</sup> Communion Parish &amp; Date:</b> _____	
<b>City/State:</b> _____	<b>City/State</b> _____	

<b>Child's Name:</b> _____	<b>Birth Date:</b> _____	<b>Gender:</b> M / F
<b>Grade in Fall:</b> _____	<b>School:</b> _____	
<b>Baptism Parish &amp; Date:</b> _____	<b>1<sup>st</sup> Communion Parish &amp; Date:</b> _____	
<b>City/State</b> _____	<b>City/State</b> _____	

<b>Child's Name:</b> _____	<b>Birth Date:</b> _____	<b>Gender:</b> M / F
<b>Grade in Fall:</b> _____	<b>School:</b> _____	
<b>Baptism Parish &amp; Date:</b> _____	<b>1<sup>st</sup> Communion Parish &amp; Date:</b> _____	
<b>City/State</b> _____	<b>City/State</b> _____	

**Families must be OLR members to register**  
**A Baptismal Certificate (copy) must be on file for each child**

*I acknowledge that by signing this document I give permission to Our Lady of Refuge to use a picture of my child on their website or other publications.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Sessions September – May

### Grade Level in Fall

<b>Grade 1 – 8</b> <i>Gospel Weekly Classes held in the school building.</i>	<b>MONDAY</b>	<b>6:00 - 7:30 pm</b>
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### Tuition

<b>One Child</b>	<b>\$140.00</b>
<b>Two Children</b>	<b>\$240.00</b>
<b>Three Children</b>	<b>\$280.00</b>

*Please mail registration and payment to: Our Lady of Refuge Parish  
3725 Erie Drive, Orchard Lake, MI 48324 Attention: Religious Ed*

Please make checks payable to: **Our Lady of Refuge**

**Payment plans are available.**

Contact Religious Ed Office to make arrangements: 248-682-6381

### Medical Information

In case of a serious accident or illness, and I cannot be reached, I authorize Our Lady of Refuge to contact the physician indicated below. If it is impossible to contact the doctor, OLR may make whatever arrangements seem necessary, including transporting to the hospital I have indicated below.

**Allergies or medical conditions?** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Transport my child to:** \_\_\_\_\_ **Emergency Phone** \_\_\_\_\_

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

### Volunteers Needed! (All training is provided)

Catechist for Grades 1 - 8 \_\_\_\_\_ (Tuition discount)

Substitute Catechists: \_\_\_\_\_