

St. Patrick Church
SECOND Yr. Confirmation

2020-2021

FAMILY ENV. # _____

555 E. Del Mar Blvd.
Laredo, Texas 78041
956-726-4644

HIGH SCHOOL GRADE: _____

STUDENT'S INFORMATION BELOW - (PLEASE PRINT)

AGE: _____

LAST NAME: _____ FIRST NAME: _____

DOB: _____ PLACE OF BIRTH: CITY _____ STATE _____

HOME ADDRESS: _____, LAREDO, TX, 7804 _____ HOME PHONE #: _____
(ZIP)

MOTHER'S NAME: _____ MTH CELL #: _____ MTH WORK #: _____

FATHER'S NAME: _____ FTH CELL #: _____ FTH. WORK #: _____

STEP-PARENT'S NAME: _____ CELL #: _____ WORK #: _____

RELATIVE'S NAME & **EMERGENCY PHONE**: _____

PARENTS—PLEASE ENTER **YOUR** INFORMATION BELOW TO RECEIVE CONFIRMATION STUDENT ANNOUNCEMENTS :

PARENT CELL# _____, **AND** PARENT E-MAIL _____

HAS **STUDENT** LIVED ANY RETREATS? (CIRCLE) YES / NO

WHICH ONES? WHERE? WHEN? _____

~~~~~  
**SACRAMENTS**

NOTE: PLEASE SCAN & EMAIL **BAPTISMAL AND FIRST HOLY COMMUNION CERTIFICATES** FOR  
CONFIRMATION CANDIDATES

HAS **STUDENT** BEEN BAPTIZED? (CIRCLE) YES / NO  
WHAT CHURCH? \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HAS **STUDENT** RECEIVED FIRST HOLY COMMUNION SACRAMENT? (CIRCLE) YES / NO  
WHAT CHURCH? \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

~~~~~  
FEES

\$50 FOR ONE STUDENT, \$40 FOR ONE SIBLING AND \$25 EACH ADDITIONAL

↓ **Office Use Only** ↓

AMOUNT PAID: \$ _____ CASH / CHECK #: _____ RECEIPT #: _____ REC'D BY: _____ DATE: ____/____/2020

DOCUMENTS NEEDED:

RECEIVED: YES / NO

BAPTISMAL CERTIFICATE

FIRST HOLY COMMUNION CERTIFICATE



Diocese of Laredo – Sacramental Preparation Office
On-line Instruction Parental/ Guardian Consent Form

Name: _____ Birth Date: _____

Parish: _____ Grade: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Parent/ Guardian: _____ Phone: (_____) _____

I, (Parent/Guardian) _____, grant permission for my child,

(Participant’s Name) _____, to participate in on-line learning.

I am aware that the Diocese of Laredo will begin to use on-line platforms to continue sacramental preparation formation. They will provide and manage on-line religious education and Sacramental preparation classes for my child. My parish will use the adequate platform for the continuation of my child’s formation. These platforms include but are not limited to Zoom and Google Meet, which are productivity tools as a substitution for on-site classroom instruction.

At (Parish) _____ students will use (Platform) _____ for classroom purposes, to complete assignments, communicate with their teachers, and participate in on-line retreats.

I give permission for my child to be part of this new way of teaching religious education. Signature on this permission slip indicates my consent to have my child/teen access lessons with their catechists via my parish’s substitution for on-site classroom instruction.

Signature

Date

Video and Photography Consent

This form allows you, the parent/guardian, to identify how images of your child may or **may not** be used for purposes of print, on-line class recording, social media communication or promotion. In any print, digital and on-line postings, your child **will never** be identified by written caption without specific written consent of the parent. Your child **will never** be “tagged” in any posting through social media.

____ You **may not** use any images, video, or audio of my child in any on-line, social media, or print format for any reason.

____ I consent that photographs/video recordings/audio recordings may be used for purposes of print, on-line class recording, social media communication or promotion.

The Diocese of Laredo has taken this step-in order to be in compliance with federal legislation for child protection, including The Children’s On-line Privacy Protection Act (COPPA <http://www.ftc.gov/os/1999/9910/64fr59888.htm>) and The Children’s Internet Protection Act (CIPA <https://www.fcc.gov/consumers/guides/childrens-internet-protection-act>).