



**DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS**



St. Joseph Church _____ PARISH

PERMANENT REGISTRATON

Date: _____

Full Legal Name: _____

Date of Birth: _____

Place of Birth (City/ST): _____

Mailing Address: _____

City: _____ ST: _____ Zip Code: _____

Phone Home: _____ Cell: _____

Father's Name: _____

Phone Cell: _____ Work: _____

Mother's Name: _____ Maiden: _____

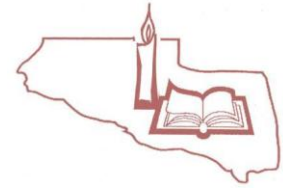
Phone Cell: _____ Work: _____

Date Copy of **Baptismal Certificate** Received: _____

BAPTISM	Date:	
	Church:	
	City/ST:	
RECONCILIATION	Date:	
	Church:	
	City/ST:	
FIRST EUCHARIST	Date:	
	Church:	
	City/ST:	
CONFIRMATION	Date:	
	Church:	
	City/ST:	



**DIOCESE OF BROWNSVILLE
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St. Joseph Church _____ PARISH

CUMULATIVE RECORD

Full Legal Name: _____

Date of Birth: _____

Place of Birth (City/ST): _____

Father's Name: _____

Mother's Name : _____ Maiden _____

GRADE	YEAR	ATTENDANCE	CATECHIST
K			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			



DIOCESE OF BROWNSVILLE
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_____ St. Joseph Church _____ Parish

PERMISSION FORM FOR CHILD PICK UP

Full Legal Name: _____

Phone Home: _____ Cell: _____

Father's Name: _____

Phone Cell: _____ Work: _____

Mother's Name : _____ Maiden: _____

Phone Cell: _____ Work: _____

The following persons may pick up my child from Religious Education Classes:

1. Name: _____ Relation: _____

Phone Number: _____

2. Name: _____ Relation: _____

Phone Number: _____

3. Name: _____ Relation: _____

Phone Number: _____

4. Name: _____ Relation: _____

Phone Number: _____

My child has my permission to walk home. Yes No

Parent Signature: _____ Date: _____



**DIOCESE OF BROWNSVILLE
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**GUIDELINES FOR CHILD SAFETY
IN PARISH CATECHETICAL PROGRAMS**

PICK UP OF CHILDREN AFTER PROGRAM

At time of registration, parents are required to sign permission form with names of all persons including all parents, step parents, grandparents and others, who are authorized to pick up children after the Religious Education Program.

If the child comes by car pool, the names of all drivers are to be included in the form.

Extra precaution is to be taken with younger children through fifth grade. These children need to be met at the door or walked to the car so that it can be verified who is taking them home.

No child may be picked up by an unauthorized person without a note from the parent or a phone call to the parent verifying authorization.

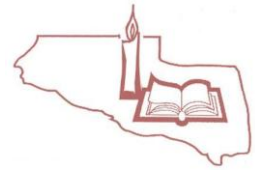
If this is a one-time occasion, parent may write a permission note for the date.

Signed notes are to be kept on file.

Phone calls are to be logged.



DIOCESE OF BROWNSVILLE
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PARISH St. Joseph Church

ANNUAL MEDICAL CONSENT FORM AND RELEASE OF LIABILITY

Date _____

Personal Information

Name of Child _____

Date of Birth _____ Age _____ Grade _____ School _____

Address _____

City _____ State _____ Zip Code _____

Name of Parent/Legal Guardian _____

Parent(s) Phone _____ Other Phone _____

Medical Information

Family Doctor _____ Phone _____

Insurance Carrier/ Provider _____

Policy Number _____ Group Number _____

Yes No Does your child have a special medical condition or heart problem?

Yes No Has your child had a broken bone in the past six (6) months?

Yes No Has your child had surgery in the past six (6) months?

Yes No Is your child currently taking prescribed medication(s) that could inhibit strenuous physical activity?

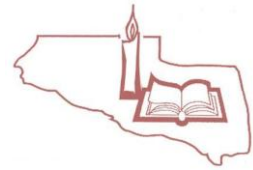
Yes No Is your child allergic to bee stings or insect bites?

Yes No Does your child have asthma or other respiratory problems?

If you answered “yes” to any of the above, it is the responsibility of the parent/guardian to check with parish staff and/or volunteers to ensure that your child will not be endangered due to any physical limitation or condition.



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PARISH St. Joseph Church

Name of Child _____

Date of Birth _____ Age _____ Grade _____

Emergency Contacts

#1: Name _____

Relationship _____ Phone _____

#2: Name _____

Relationship _____ Phone _____

Current medications _____

Medicinal and/or Food Allergies _____

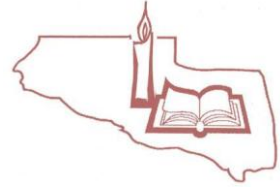
Limitations _____

I, _____, **hereby give my consent** for the above named individual to participate in the parish programs and physical activities during the current program year. **I authorize** the employees and/or responsible personnel to obtain proper medical treatments should it become necessary. **I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns**, to hold harmless and release the parish, the Diocese of Brownsville, the Bishop and his successors, all of their employees, directors, administrators, catechists and volunteers from all legal liability for illnesses, injuries and/or death suffered by my child as a result of participation in the programs and physical activities during the program year. **I further agree** to compensate the parish, the Diocese of Brownsville, its directors, employees and/or agents associated with the programs and physical activities for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage [unless such claim arises from the negligence of the parish/diocese]. **I affirm** that the information above is true and correct.

Signature of Parent/Legal Guardian _____ Date _____



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MEDIA RELEASE AND CONSENT FORM

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of me or my minor child by any parish in the diocese and/or St. Joseph Church (*parish*) staff or their designee. I understand that any such photographs, audio recordings, work, and/or video recordings become the property of the diocese and/or parish and may be used by the diocese, parish and/or others with their consent, for educational, instructional, or promotional purposes determined by the diocese and/or parish in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below.)

Yes, I give my consent.

No, I do not give my consent.

(Please print and write legibly.)

Name of Child: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Email Address: _____



DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS

P. 956.784.5013 | catechesis@cdob.org | www.cdob.org/catechesis



**ELECTRONIC COMMUNICATION AND VIRTUAL LEARNING
CONSENT FORM**

Please print and write legibly

Parish: _____ **City:** _____

Child's Name: _____

Child's Email Address: _____

Parent's/Legal Guardian's Name: _____

Email Address: _____

Cell Phone: _____

Additional Parent's/Legal Guardian's Name: _____

Email Address: _____

Cell Phone: _____

It is a requirement for parish staff or their designee to send electronic communications and invitations to at least one parent or legal guardian.

____ Yes, I **give** my consent to parish staff or their designee to have electronic communication with my child (*under 18*).

____ No, I **do not give** my consent to parish staff or their designee to have electronic communication with my child (*under 18*).

Google Classroom, Microsoft Teams and/or Zoom are possible platforms that may be used by the parish to have Virtual Learning. I understand that in order to participate in these electronic gatherings I will receive an email with an invitation link. I further understand that I am invited to take part in the formation sessions with my child. All virtual meetings or gatherings will be recorded and archived. I understand that these recordings may be accessible to me at my request.

____ Yes, I **give** my consent for Virtual Learning.

____ No, I **do not** give my consent for Virtual Learning.

Parent's/Guardian's Signature: _____

Date: _____

It is important that you inform your Parish Catechetical Leader (DRE) as soon as possible if there are any changes to your Email Address or Cell Phone.

Bold items must be completed regardless of consent.

Rev 20200729