



**DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS**



St. John the Baptist Catholic 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): _____

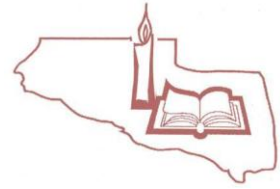
Phone Cell: _____ Work: _____

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
OFFICE OF CATECHESIS**



**St. John the Baptist Catholic 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
OFFICE OF CATECHESIS**



**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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St. John the Baptist Catholic 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: _____

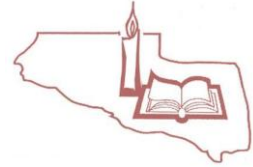
Phone Number: _____

My child has my permission to walk home. ___ Yes ___ No

Parent Signature: _____ Date: _____



DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS



PARISH St. John the Baptist Catholic Church

ANNUAL MEDICAL CONSENT FORM AND RELEASE OF LIABILITY

Date _____

Personal Information

Name of Child _____

Date of Birth _____ Age _____ Grade _____

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?

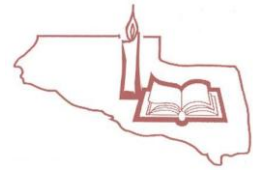
___ Yes ___ No Is your child allergic to bee stings or insect bites?

___ 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.



DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS



PARISH St. John the Baptist Catholic 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 _____



DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS



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. John the Baptist Catholic (*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



ELECTRONIC COMMUNICATION RELEASE AND CONSENT FORM

I hereby give my consent to St. John the Baptist Catholic (*parish*) staff or their designee to have electronic communication with my child (*under 18*). I understand that this form of communication with my child may be done via text messages, email and/or the *Facebook* account of the parish. I further understand that I will have access to everything provided to my child and be made aware of how social media is being used, be told how to access the sites, and be given the opportunity to be copied on all material sent to their children via social networking (including text messages).

(Please check one of the options below)

Yes, I give my consent.

No, I do not give my consent.

(Please print and write legibly)

Child's Name: _____

Child's Cell Phone: _____

Child's Email Address: _____

Child's *Facebook* Account: _____

Name of Parent/Legal Guardian: _____

Parent's/Guardian's Cell Phone: _____

Parent's/Guardian's Email Address: _____

Parent's/Guardian's *Facebook* Account: _____

Parent's/Guardian's Signature: _____

Date: _____