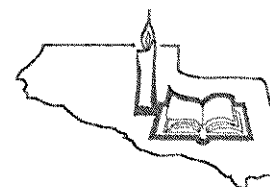




**DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS**



_____ 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: _____

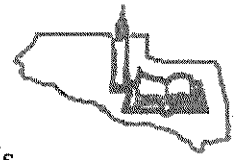
BAPTISM	Date:	
	Church:	
	City/ST:	
RECONCILIATION	Date:	
	Church:	
	City/ST:	
FIRST EUCHARIST	Date:	
	Church:	
	City/ST:	
CONFIRMATION	Date:	
	Church:	
	City/ST:	



DIOCESE OF BROWNSVILLE

OFFICE OF CATECHESIS

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.

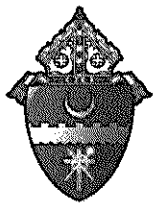
___ Yes, I **give** my consent for Virtual Learning.

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

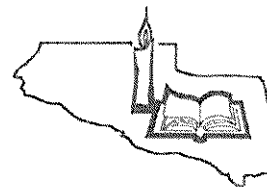
Parent's/Guardian's Signature: _____

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.



**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 _____ (*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: _____