



**SAINT FRANCIS XAVIER
CATHOLIC CHURCH**

P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559
Phone #: (956) 797-2666/ Fax: (956)797-3387
Website: stfrancisxavierlaferia.org

**2023-2024
FAITH FORMATION / SACRAMENT PREPARATION
REGISTRATION FORM**

SACRAMENTS THIS CHILD NEEDS TO RECEIVE

Baptism _____ **Confirmation** _____ **First Holy Communion** _____ **Confession** _____

NOTE:“Registration Fee” to cover material for child/ren, the CCE office supplies, and the teachers’ training/manuals/supplies, etc. Other fees, like for First Holy Communion, Confirmation and Confirmation Retreat will apply before the celebration of the specific sacraments.
(Please print, with clear letters)

NAME OF CHILD _____ AGE _____ GRADE _____

MOTHER’S (MAIDEN)NAME _____ RELIGION _____ ADDRSS _____ TEL# (In case of Emergency) _____

MOTHER’S EMAIL: _____ FATHER’S EMAIL _____

FATHER’S NAME: _____ RELIGION _____ ADDRESS _____ TEL# (In case of Emergency) _____

Emergency Contact (Different from parents) & Consent for Child Pick Up:

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

My son/daughter has permission to walk home _____ Yes _____ No

WHERE DID THIS CHILD ATTEND CCE LAST YEAR? _____

NAME OF SCHOOL THIS CHILD IS ATTENDING: _____ CITY: _____

WHICH PARISH/CHURCH IS THIS CHILD ATTENDING FOR MASS? _____

WHAT PARISH/CHURCH DO PARENTS ATTEND? _____

DO PARENTS HAVE COLLECTION ENVELOPES? YES _____ NO _____

PARENTS’ COLLECTION ENVELOPES’ NUMBER: _____ OF WHICH PARISH/CHURCH? _____

WOULD YOU OR YOUR SPOUSE LIKE TO VOLUNTEER, OR BE CONSIDERED, AS A CATECHIST OR ASSISTANT CANDIDATE IN THE NEAR FUTURE? YES _____ NO _____

Parent/ Legal Guardian Signature & Date

PLEASE NOTICE: No Refunds after registration. No Exceptions.



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MEDICAL INFORMATION

Have there been any changes with medical/information history previously reported?

Has there been a change with your child(s) primary doctor? **YES** _____ **NO** _____

Has there been a change with your child(s) health insurance coverage? **YES** _____ **NO** _____

Has your child had any changes with medical history previously reported? **YES** _____ **NO** _____

(For example: health, allergies, medications, limitations)

UPDATE MEDICAL HISTORY IF APPLICABLE:

MEDICAL CONSENT

I give consent for my child _____ 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.

_____ **Yes, I give my consent**

_____ **No, I do not give my consent**

Signature of Parent/Legal Guardian & Date

DISABILITIES

In order to better assist your child during religious education classes please indicate if your child has any of the following disabilities by placing a check mark next to any disability that applies.

- | | | |
|-----------------------------------|------------------------------|--|
| _____ Locomotion | _____ Learning Skills | _____ Emotional Adjustments |
| _____ Hearing | _____ Down Syndrome | _____ Attention Deficit/Hyperactive |
| _____ Vision | _____ Cerebral Palsy | _____ Speech |
| _____ Other: (Please list) | | |



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MEDIA RELEASE & CONSENT FORM

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of my minor child _____ (name of child) or me by any parish in the diocese and/or St. Francis Xavier Catholic Church 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.

_____ **Yes, I give my consent** _____ **No, I do not give my consent**

Signature of Parent/Legal Guardian & Date

TOUCH SAFETY TRAINING CONSENT FORM

Dear Parent or Guardian,
Blessed be our Lord Jesus Christ who showed his love for children by holding them and blessing them. This letter is an invitation to you and your children to participate in a very special class about Touching Safety.

Every parish in our diocese, indeed throughout the diocese of the United States, is directed to provide for the children and your people in the parish religious education program and special lessons on how to keep themselves safe from child sexual abuse. The lessons are for your child’s personal safety and NOT for education in human sexuality. The goal is to reinforce what you as parent’s are teaching your children about appropriate touching and the difference between safe and unsafe friends.

Dates and times for these classes will be announced during the CCE year. As parents you are welcomed to join us during the presentation.

If for any reason, you would prefer that your child not participate in the special touching safety lesson(s), you may sign the reverse side of this form indicating you decline. Your child is expected to come to class the day of the presentation. And he/she will be in another class during the presentation.

_____ **Yes, I give my consent** _____ **No, I do not give my consent**

For my son/daughter _____ (name) to participate in the Touching Safety Training Program.

Signature of Parent/Legal Guardian & Date



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**PROTECTING GOD’S CHILDREN
Teaching Safety**

Education for Children in Safety from Sexual Abuse

Parent Opt-Out Form

Parish: St. Francis Xavier

City: La Feria

I choose NOT to have my child participate in the mandatory lesson about preventing sexual abuse called **Teaching Safety**. I understand that I am invited to attend with my child but choose not to at this time.

Parent/Legal Guardian Name (Please Print)

Parent Signature

Date

Name of Child (Please Print)

Child’s Grade

1. _____
2. _____
3. _____
4. _____
5. _____

- _____
- _____
- _____
- _____
- _____

Date Lesson Plan Given to Parent: _____

(To be completed by Office)

Please return completed form to Parish Religious Education Office.



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**ELECTRONIC COMMUNICATION AND VIRTUAL LEARNING
CONSENT FORM**

Please print and write legibly

Parish: _____ **City:** _____

Child's Name: _____

Child's Email Address: _____

Name of Parent/Legal Guardian _____

Parent's/Guardian's Email Address: _____

Parent's/Guardian's Cell Phone: _____

Additional Parent/Legal Guardian: _____

Parent's/Guardian's Email Address: _____

Parent's/Guardian's Cell Phone: _____

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

Yes, I **give** my consent to *parish* staff or their designee to have electronic communication with my child

(*under 18*).

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 understand that I am invited to take part in the formation sessions with my child. With my consent my child will participate. 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: _____



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CCE PARENT/LEGAL GUARDIAN AGREEMENT

I, _____, ACKNOWLEDGE AND UNDERSTAND THAT AS A PARENT, OR LEGAL GUARDIAN; I HAVE THE **NATURAL OBLIGATION** TO TEACH MY CHILD/REN THE MORAL AND RELIGIOUS PRINCIPLES OF THE FAITH. AT THE SAME TIME, I ACKNOWLEDGE AND UNDERSTAND THAT;

● MY PASTOR AND PARISH COMMUNITY WILL ASSIST ME WITH MY NATURAL OBLIGATION MENTIONED ABOVE THROUGH THE PAROQUIAL RELIGIOUS EDUCATION PROGRAM (CATECHISM OR CCE), WHICH IS ADMINSTRATED BY MY PASTOR, COORDINATOR OF RELIGIOUS EDUCATION, VOLUNTEER CATECHISTS AND CATECHIST ASSISTANTS.

● ALL CATECHISTS, CATECHIST ASSISTANTS OF THIS PARISH **VOLUNTEER** TO ASSIST ME WITH MY NATURAL OBLIGATION, PARTICULARLY IN BRINING MY CHILD/REN TO THE PROPER PREPARATION AND DISPOSITION TO FRUITFULLY RECEIVE THEIR/HIS/HER SACRAMENT/S **AT THIS PARISH.**

● THE RELIGIOUS EDUCATION PARISH PROGRAM IS TO ABIDE BY THE NORMS AND POLICIES OF THE DIOCESE OF BROWNSVILLE, WHICH ARE CONTAINED IN THE **FIRST DIOCESAN SYNODAL LEGISLATION, PROMULGATED ON THE 22ND DAY OF AUGUST OF 2006**, FOR THE PREPARATION, RECEPTION AND CELEBRATION OF THE SACRAMENTS AT ALL CATHOLIC CHURCHES IN THIS DIOCESE.

● THE CELEBRATION OF THE HOLY EUCHARIST (THE HOLY MASS), ESPECIALLY ON SUNDAYS AND HOLY DAYS OF OBLIGATION, IS AN ESSENTIAL AND INTIMATE COMPONENT OF THE LIFE OF THE CHURCH, OF THE LIFE OF EACH CATHOLIC OF WHICH I AM ONE. THIS SAME SACRAMENT (THE HOLY MASS) IS AN ESSENTIAL PART OF THE RELIGIOUS EDUCATION PROGRAM OF THIS PARISH; THEREFORE, **WE, AS A FAMILY, WILL ACCOMPANY OUR CHILD/REN, ATTEND AND PARTICIPATE AT THE CELEBRATION OF THE HOLY EUCHARIST (THE HOLY MASS) ON SUNDAY AS PART OF THEIR /HIS/HER RELIGIOUS UPBRINGING AND THIS PARISH RELIGIOUS PROGRAM.**

● I AM TO BRING MY CHILD/REN TO CLASS **ON TIME.** I WILL ALSO, MEET MY CHILD/REN AFTER THEIR/HIS/HER CLASS ON TIME.

● CATECHISTS (TEACHERS/ASSISTANTS) ARE **NOT** OBLIGATED TO PROVIDE CARE FOR MY CHILD/REN AFTER THE RELIGIOUS EDUCATION PROGRAM (CATECHESIS/ CCE/ FAITH FORMATION/ SACRAMENT PREPARATION) IS OVER.

● **MY CHILD/REN WILL NOT BE ADMITTED TO THE RECEPTION OF A SACRAMENT OR SACRAMENTAL (I.E. QUINCEANERA) AFTER HAVING BEEN ABSENT FOR THREE (3) CLASSES, WHICH NEED NOT TO BE CONSECUTIVE.**

● **I MUST PROVIDE ALL REQUIRED AND PROPER DOCUMENTATION IN ORDER TO REGISTER MY CHILD/REN FOR CATECHISM (CCE/ FAITH FORMATION/SACRAMENT) CLASSES AT THIS PARISH AND FOR THE RECEPTION OF THEIR/HIS/HER NEEDED SACRAMENTS).**

● THE CCE REGISTRATION FEE IS TO COVER THE COST OF MY CHILD/REN'S MATERIALS FOR THEIR/HIS/HER CCE CLASSES AND THEIR/HIS/HER WORKBOOK. AGAIN, THERE MAY BE OTHER DONATIONS/ FEES THAT NEED TO BE COVERED DURING THE RELIGIOUS EDUCATION PROGRAM; LIKE, RETREATS, RECEPTION OF THE SACRAMENT OF FIRST EUCHARIST (COMMUNION) AND CONFIRMATION.

● THE PARISH, PASTOR, COORDINATOR OF RELIGIOUS EDUCATION, CCE CATECHISTS/ CATECHIST ASSISTANTS AND VOLUNTEER ARE NOT RESPONSIBLE FOR ANY ACCIDENTS THAT MAY OCCUR TO MY CHILD/REN DURING AND AFTER CCE AND AFTER SUNDAY MASS AT THIS PARISH.

● **WE WILL ALSO PARTICIPATE, COOPERATE AND SUPPORT THE DIFFERENT CELEBRATIONS, ACTIVITIES PROJECTS AND EVENTS OF THIS PARISH.**

PARENT/ LEGAL GUARDIAN SIGNATURE

DATE

COORDINATOR OF RELIGIOUS EDUCATION



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DROP OFF/PICK UP PROCEDURE

DROP OFF

We have 3 drop off areas (See Drop off/Pick up Map)

1st being the exit of the parking lot

2nd entrance to the parking lot

3rd Steps leading to the building on South West St.

*****Children can be dropped off at any one of these areas.*****

1. Ideally whoever arrives first will drive up to the 1st drop off area and the other cars would form a line behind, to ensure the flow of traffic continues smoothly and avoid having traffic back up.
 - a. Traffic line should form around the church property on West Cypress St. → South west St. → W. Magnolia St.
 - b. Observe one way traffic flow when approaching for drop off / picking up. Traffic should only flow South when on South West St. and West when on West Cypress St.

2. Parents/Guardian/other will be asked to sign In that they dropped off their child (This is applicable for those in K-5th grade). Parents will be given a number for their child. Parents will tell the volunteer their child's number. This will help the volunteer find your child's name quickly on the list so that you can sign that you dropped off your child.)
 - a. Only drop off kids in these designated locations
 - b. Do not drop off your children on the other side of street & expect them to cross the street. Volunteers are only allowed to receive children from the car while on church property not from across the street.
 - c. Kindly follow the directions of those directing traffic, as needed.
 - d. Be patient and considerate with one another as you drive.
 - e. Be on time.



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PICK UP

We have three Pick up areas. (See Drop off/ Pick up Map)

1st being the exit of the parking lot

2nd entrance to the parking lot

3rd Steps leading to the building on South West St.

1. Proceed to your child's designated pick up area. (Pick-up area is designated per class)
2. Parents/Guardian/ other will be asked to sign that they picked up their child/children (This is applicable for those in 5th grade. Parents will be given a number for their child. Parents will tell the volunteer their child's number. This will help the volunteer find your child's name quickly on the list so that you can sign that you picked up your child.)
3. Children will be only given to children from the Church property. Child and catechist are not allowed to cross across the street.
4. Continue to follow the one-way traffic flow.
5. Kindly follow the direction of those directing traffic as needed.
6. Be patient and considerate with one another as you drive
7. Be on time.

***We ask for your patience and cooperation as we implement this procedure.

It will take us a little bit of time to get familiar and into the routine, but as we get familiar with it, things will flow smoother***

**INCLEMENT WEATHER PROCEDURE
FOR DROP OFF/PICK UP**

Parents/Guardian will remain in line while driving into the parking lot on S. West St. and continue to drive up to the entrance that has a covered walk way. Children will be received by a volunteer/catechist. Parents/Guardians will sign in their child when dropping off as well as when picking up. The Signing in & out policy is applicable to children in grades K-5th grade.

**NO PARKING ALLOWED INSIDE THE FENCED PARKING AREA
FOR THE SAFETY OF CHILDREN & VOLUNTEERS.**



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**DROP OFF/ PICK UP
MAP**

