**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dad’s email address**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Does your child have allergies? If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 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.

**\*\*It is important that you inform your Coordinator of Religoius Education (CRE) as soon as possible if there are any changes to your Cell phone # or Email Address.\*\***

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Grade \_\_\_\_\_\_\_

**Emergency Contacts**

#1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications Click here to enter text.

Medicinal and/or Food Allergies Click here to enter text.

Limitations Click here to enter text.

**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 \_\_\_\_\_\_\_\_\_\_\_\_**

**Touch Safety Training Consent Form**

Dear Parent or Guardian,

Blessed be our Lord Jesus Christ who showed his love for his 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 young 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 parents 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, 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.

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. 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.

**(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Form for Child Pick Up/**

*Forma De Consentimiento Para Recoger Al Nino*

**Student Name/:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Nombre de Estudiante*

|  |  |  |  |
| --- | --- | --- | --- |
| **Father’s Name/:**  *Nombre de Padre* | Click here to enter text. | **Phone #/:**  *Telefono* | Click here to enter text. |
| **Mother’s Name/:**  *Nombre de Madre* | Click here to enter text. | **Phone #/:**  *Telefono* | Click here to enter text. |

**The following people can pick up my son or daughter after religious classes:**

*Las siguentes personas pueden recoger mi hijo(a) despues de terminar las clases de Educacion Religiosa:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/ *Nombre:*** | **Phone #/**  ***Telefono:*** | **Relationship:/**  ***Relacion*** |
| 1: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**My son/daughter has permission to walk home. \_\_\_\_Yes \_\_\_\_No**

*Mi hijo (a) tiene permiso para caminar a casa. \_\_\_\_\_Si \_\_\_\_\_ No*

**My Child will walk from school to CCE \_\_\_\_Yes \_\_\_\_\_No**

*Mi hijo caminará de la escuela a CCE \_\_\_\_\_ Sí \_\_\_\_\_No*

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/:\_\_\_\_\_\_\_\_**

***Firma de Padre****:* ***Fecha:***

**ELECTRONIC COMMUNICATION AND VIRTUAL LEARNING CONSENT FORM**

**Please print and write legibly (PLEASE COMPLETE—THIS WOULD BE A BACK UP PLAN)**

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**. **Bold items must be completed regardless of consent**.

\_\_\_\_**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All assignments are to be submitted on a weekly basis.**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 checkmark

(√) next to any disability that applies.

|  |  |
| --- | --- |
| Click here to enter text. | Locomotion (need wheelchair) |
| Click here to enter text. | Hearing |
| Click here to enter text. | Vision |
| Click here to enter text. | Speech |
| Click here to enter text. | Learning Skills |
| Click here to enter text. | Emotional Adjustments |
| Click here to enter text. | Attention Deficit/ Hyperactive |
| Click here to enter text. | Down’s Syndrome |
| Click here to enter text. | Cerebral Palsy |
| Click here to enter text. | Other ( Please List) |

***ADDITIONAL INFORMATION***

* ***Pre-registration deadline is: July 31***
* ***All registration fees and book fees must be paid in full before books are given to children or before child(ren) begin classes.***
* ***Last day to register for faith formation classes is September 30th.***

***\*Please do not wait till the last minute to register your children as this will put them further behind in their studies and they will also have to wait for their books to be ordered and to arrive. –Thank you.***

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUIDELINES FOR SACRAMENT PREPARATION FOR**

**FIRST RECONCILIATION**

**&**

**FIRST EUCHARIST**

**(Church Office Copy)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Reconciliation** | **First Eucharist** | **Baptized**  **(7 yrs old & up)**  **2nd Grade +**  **Needs First Eucharist** |
| **Year 1** | **Pre-requisite**  **1st grade regular Faith Formation** | **Pre-requisite**  **1st grade regular Faith Formation** | **Pre-requisite**  **Regular grade level Faith Formation** |
| **Year 2** | **Pre-requisite**  **2nd grade regular Faith Formation** | **Pre-requisite**  **2nd grade regular Faith Formation** | **Pre-requisite**  **Regular grade level Faith Formation** |
| **Year 3** | **Sacramental Preparation**  **For Reconciliation** | **Sacramental Preparation**  **For First Eucharist** | **Sacramental Preparation**  **For Reconciliation &**  **First Eucharist** |

* Attend 3 Mandatory Parent/Godparent meetings for First Reconciliation,
* Attend 3 Mandatory Parent/Godparent meetings for First Eucharist,
* Attend First Reconciliation/ First Eucharist Retreat

**GUIDELINES FOR SACRAMENT PREPARATION**

**For First Reconciliation & First Eucharist**

**(Church Office Copy)**

**I acknowledge that I have been provided with the requirements for anyone preparing for First Reconciliation (Confession)/ First Eucharist (Communion).**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please visit our website: stfrancisxavierlaferia.org, to stay up to date with the latest information/announcements.**

**Once you are on our website, click on the SACRAMENTS tab, then click on sacrament you are wanting to get information on (for example CONFIRMATION). You will find the following information:**

* **Important parent/godparent meeting dates**
* **Retreat dates**
* **Dates for practice for reception of sacrament**
* **Date for when sacrament will be celebrated.**
* **Requirements for Dress attire.**
* **Items needed for sacrament celebration.**

**Please make sure you are registered with REMIND for your children’s classes. This is another way to stay up to date with upcoming parent meetings, announcements etc.**

**If you should have any questions, you’re invited to contact the Coordinator of Religious Education (CRE) at 956-797-2666.**

**GUIDELINES FOR SACRAMENT PREPARATION**

**FOR CONFIRMATION**

**(Church Office Copy)**

|  |  |  |
| --- | --- | --- |
|  | **NEEDS**  **CONFIRMATION** | **HAS**  **Baptism & First Eucharist**  **(14 yrs old & up)**  **9th Grade +**  **NEEDS**  **CONFIRMATION** |
| **Year 1** | **Pre-requisite**  **8TH grade regular**  **Faith Formation** | **Pre-requisite**  **Regular grade level Faith Formation** |
| **Year 2** | **9th grade**  **Sacrament Preparation for Confirmation**  **Year 1** | **Sacramental Preparation for Confirmation**  **Year 1** |
| **Year 3** | **10th Grade**  **Sacrament Preparation**  **For Confirmation**  **Year 2** | **Sacramental Preparation for**  **Confirmation**  **Year 2** |

* Attend 3 Mandatory Parent/Godparent meetings for Confirmation
* Attend Confirmation Retreat
* Participate in class/group Confirmation Service Project

**GUIDELINES FOR SACRAMENT PREPARATION**

**For Confirmation**

**(Church Office Copy)**

**I acknowledge that I have been provided with the requirements for anyone preparing for Confirmation.**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Dates for practice for reception of sacrament**
* **Date for when sacrament will be celebrated.**
* **Requirements for Dress attire.**
* **Items needed for sacrament celebration.**

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**COVID -19 SAFETY GUIDELINES**

**(Church Office Copy)**

* **All students/teachers must submit a completed Covid-19 survey form prior to class beginning. *(This is to be completed for every time child attends class.)***
* **All students/teachers must wear a facemask**
* **All students must use hand sanitizer upon entering the classroom.**
* **All parents must report to teacher/ Coordinator of Religious Education when their child come in contact with someone who has tested positive for covid-19/variants and must follow quaranting protocol**
* **All students must follow St. Francis Xavier guidelines in order to return/resume to class.**

**I acknowledge that I have been informed regarding St. Francis Xavier’s Covid-19 safety guidelines.**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 Questionnaire-Form for a Child**

**(To be completed every time, child attends class)**

**(Church Office Copy)**

This form is your child's personal information due to COVID-19 that we must evaluate before making any visit to our parish. Please inform us of any signs of exposure and / or symptoms of the COVID-19 virus.

Do you have a fever or have you felt hot or feverish recently (14-21 days)?

Yes No

Are you having shortness of breath or other difficulties breathing?

Yes No

Do you have a cough?

Yes No

Any other flu-like symptoms, such as gastrointestinal upset or headache?

Yes No

Have you experienced recent loss of taste or smell?

Yes No

Are you in contact with any laboratory confirmed COVID-19 positive patients?

Yes No

Have you traveled in the past 14 days to any regions affected by COVID-19?

Yes No

I affirm that the information above is correct

I fully understand by signing this document, I acknowledge that the answers I have provided above are true and accurate.

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS FOR FIRST RECONCILIATION**

**&**

**FIRST EUCHARIST**

**(PARENT COPY)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Reconciliation** | **First Eucharist** | **Baptized**  **(7 yrs old & up)**  **2nd Grade +**  **Needs First Eucharist** |
| **Year 1** | **Pre-requisite**  **1st grade regular Faith Formation** | **Pre-requisite**  **1st grade regular Faith Formation** | **Pre-requisite**  **Regular grade level Faith Formation** |
| **Year 2** | **Pre-requisite**  **2nd grade regular Faith Formation** | **Pre-requisite**  **2nd grade regular Faith Formation** | **Pre-requisite**  **Regular grade level Faith Formation** |
| **Year 3** | **Sacramental Preparation**  **For Reconciliation** | **Sacramental Preparation**  **For First Eucharist** | **Sacramental Preparation**  **For Reconciliation &**  **First Eucharist** |

* Attend 3 Mandatory Parent/Godparent meetings for First Reconciliation,
* Attend 3 Mandatory Parent/Godparent meetings for First Eucharist,
* Attend First Reconciliation/ First Eucharist Retreat

***+ Please retain this page for your own records regarding Guidelines for Sacrament Preparation***

***Guidelines for Sacrament Preparation for***

***First Reconciliation & First Eucharist***

***(PARENT COPY)***

**I acknowledge that I have been provided with the requirements for anyone preparing for Confirmation.**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Date for when sacrament will be celebrated.**
* **Requirements for Dress attire.**
* **Items needed for sacrament celebration.**

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**If you should have any questions, you’re invited to contact the Coordinator of Religious Education (CRE) at 956-797-2666.**

***+ Please retain this page for your own records regarding Guidelines for Sacrament Preparation***

**REQUIREMENTS FOR CONFIRMATION PREPARATION**

**(PARENT COPY)**

|  |  |  |
| --- | --- | --- |
|  | **NEEDS**  **CONFIRMATION** | **HAS**  **Baptism & First Eucharist**  **(14 yrs old & up)**  **9th Grade +**  **NEEDS**  **CONFIRMATION** |
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* Attend 3 Mandatory Parent/Godparent meetings for Confirmation
* Attend Confirmation Retreat
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***+ Please retain this page for your own records regarding Guidelines for Sacrament Preparation***

***Guidelines for Sacrament Preparation for***

***Confirmation***

**(PARENT COPY)**

**I acknowledge that I have been provided with the requirements for anyone preparing for Confirmation.**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please visit our website: stfrancisxavierlaferia.org, to stay up to date with the latest information/announcements.**

**Once you are on our website, click on the SACRAMENTS tab, and then click on sacrament you want to get information on (for example CONFIRMATION). You will find the following information:**

* **Important parent/godparent meeting dates**
* **Retreat dates**
* **Dates for practice for reception of sacrament**
* **Date for when sacrament will be celebrated.**
* **Requirements for Dress attire.**
* **Items needed for sacrament celebration.**

**Please make sure you are registered with REMIND for your children’s classes. This is another way to stay up to date with upcoming parent meetings, announcements etc.**

**If you should have any questions, you’re invited to contact the Coordinator of Religious Education (CRE) at 956-797-2666.**

***+ Please retain this page for your own records regarding Guidelines for Sacrament Preparation***