



# Our Lady Star of the Sea Church Family Registration Form



*Faith Formation*  
LIFELONG AND ONGOING  
Children ✦ Youth ✦ Adult ✦ Family

## Faith Formation (CCE) and Sacrament Programs 2025-2026

Family Last Name / Apellido de Familia \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Name / Nombre de Madre: \_\_\_\_\_ Email: Mom's \_\_\_\_\_  
 Father's Name / Nombre de Padre \_\_\_\_\_ Email: Dad's \_\_\_\_\_  
 Mailing / dirección postal \_\_\_\_\_ City & \_\_\_\_\_  
 Address \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 If different from Mailing address / Si es diferente de la dirección postal \_\_\_\_\_ City & \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 At least 2 phone numbers / Mínimo 2 números de teléfonos: Cell#, Home and work \_\_\_\_\_ Can you receive TEXT? \_\_\_\_\_  
 Primary \_\_\_\_\_ ¿Puedes recibir mensajes? \_\_\_\_\_  
 Phone # \_\_\_\_\_ work# \_\_\_\_\_ # \_\_\_\_\_ work# \_\_\_\_\_ Other # \_\_\_\_\_ Yes No  
 Mother's / madre \_\_\_\_\_ Father's / padre \_\_\_\_\_

### Family Members Information

If your child is over the age of 7 and has **not** been baptize please indicate **OCIA**.

### Información de los Miembros de la Familia

Si su hijo/a mayor de 7 años y **no** a sido/a bautizado Por favor indique **OCIA**.

Children's Full Names / nombres	DOB / Nacimiento	Grade / grado	Baptism		Eucharist		Confirmation		OFFICE USE ONLY
			Yes	No	Yes	No	Yes	No	
Child's Name / Nombre del niño/a _____	_____	_____	Yes	No	Yes	No	Yes	No	_____
Child's Name / Nombre del niño/a _____	_____	_____	Yes	No	Yes	No	Yes	No	_____
Child's Name / Nombre del niño/a _____	_____	_____	Yes	No	Yes	No	Yes	No	_____
Child's Name / Nombre del niño/a _____	_____	_____	Yes	No	Yes	No	Yes	No	_____
Child's Name / Nombre del niño/a _____	_____	_____	Yes	No	Yes	No	Yes	No	_____

Please list any special information we should know about your child/red regarding their health (like allergies), or transportations issues, special needs or education required. \_\_\_\_\_

### Emergency Contacts / Contactos de Emergencia

### Permission for pick up / Quien Tiene Permiso Para Recoger

Name / Nombre \_\_\_\_\_ Relation / relación \_\_\_\_\_ Cell# \_\_\_\_\_

Name / Nombre \_\_\_\_\_ Relation / relación \_\_\_\_\_ Cell# \_\_\_\_\_

### ELECTRONIC COMMUNICATION AND VIRTUAL LEARNING CONSENT FORM

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/si, 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/si, I **give** my consent for Virtual Learning.

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

Signature / Firma \_\_\_\_\_ Effective Date / Fecha \_\_\_\_\_

CCE Date / Fecha August 2025-26

CONTINUE ON BACK / CONTINUAR ATRAS

<b>OFFICE USE ONLY:</b> RELEASE CONSENT FORMS (Status) Electronic Communication And Virtual Learning: _____	PAID LATE FEES
Medical Information: _____ Media Pictures permission to post or display: _____ Children's Safety from Child Sexual Abuse _____	\$ _____



**Faith Formation (CCE) and Sacrament Programs 2025-2026**

Family Last Name /Apellido de Familia \_\_\_\_\_ Date: \_\_\_\_\_

**ANNUAL MEDICAL CONSENT FORM & RELEASE OF LIABILITY**

**Medical Information/ Información Médica**

Family Doctor & Phone/ Doctor Familiar & Teléfono \_\_\_\_\_

Insurance Carrier/ Provider/Compañía de Seguro \_\_\_\_\_ Policy Number Group Number/Numero de póliza del Grupo \_\_\_\_\_

**If you answered "yes" write name of child / Si respondió "si" escriba el nombre del niño/a**

- \_\_\_ Yes \_\_\_ No Has your child had surgery in the past six (6) months? \_\_\_\_\_  
 ¿Ha tenido su niño(a) alguna cirugía en los últimos seis (6) meses?
- \_\_\_ Yes \_\_\_ No Does your child have a special medical condition or heart problem? \_\_\_\_\_  
 ¿Tiene su niño(a) alguna condición médica especial o problema cardíaco?
- \_\_\_ Yes \_\_\_ No Is your child allergic to bee stings or insect bites? \_\_\_\_\_  
 ¿Tiene su niño(a) reacción alérgica a picaduras de abejas o insectos?
- \_\_\_ Yes \_\_\_ No Has your child had a broken bone in the past six (6) months? \_\_\_\_\_  
 ¿Se ha roto su niño(a) un hueso en los últimos seis (6) meses?
- \_\_\_ Yes \_\_\_ No Does your child have asthma or other respiratory problems? \_\_\_\_\_  
 ¿Sufre su niño(a) de asma u otros problemas de respiración?
- \_\_\_ Yes \_\_\_ No Is your child currently taking prescribed medication(s) that could inhibit strenuous physical activity?  
 ¿Esta tomando su niño(a) algún medicamento que podría impedir o reducir la actividad física?

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.  
 Si usted contesto "si" a cualquier de las preguntas mencionadas, es la responsabilidad del padre/guardián verificar con el personal y(o) los voluntarios para asegurar que su niño(a) no estará en peligro por alguna limitación o condición física.

**Please read carefully and sign below: Favor de leer con cuidado y firme:**

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 the employees, directors, administrations, catechist 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.

Yo, \_\_\_\_\_, doy mi consentimiento para que las personas mencionadas anteriormente participe en los programas y actividades físicas de la parroquia durante este año de programas. Yo doy permiso a los empleados y (o) las personas responsables que obtengan tratamiento de emergencia médica si es necesario. Por mi parte y por parte de mi hijo/a nuestros herederos, y sucesores y apoderados acepto no hacer responsable a la parroquia, a Diócesis de Brownsville, el Obispo y sus sucesores, empleados, directores, agentes, catequistas y voluntarios de cualquier y todo reclamo legal por enfermedades, heridas y (o) muerte relacionados con la participación de mi hijo/a en los diversos programas y actividades durante el año de programa. Además, acepto, compensar la parroquia, la Diócesis de Brownsville, los directores, empleado, y (o) agentes asociados con los programas y actividades físicas por honorarios razonables de abogado y gastos que podrán ser incurridos por cualquier acción por culpa de heridas o danos {a menos que en parte, sea causado por obvia negligencia de la parroquia y /o la Diócesis}. Afirmo que la información dada es cierta y correcta.

**MEDIA PICTURES/FOTOS: PERMISSION TO POST OR DISPLAY YOUR CHILD'S PICTURE YES/si OR NO**  
**PERMISO PARA PUBLICAR O MOSTRAR LA IMAGEN DE SU HIJO**

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 OUR LADY STAR OF THE SEA 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 sign form below:**

I give consent for the following **Medical and Liability, Media, Electronic Communication & Virtual Learning Consent forms** and to give Our Lady Star of the Sea, your consent for your child to receive training in **Children's Safety from Child Sexual Abuse** at your child's appropriate age level. Favor de firmar abajo para: Doy mi consentimiento para lo siguientes **Medica y Liberación de cargos, Medios, Comunicación Electrónica y Aprendizaje Virtual** y para darle a la Iglesia Nuestra Señora Estrella del Mar consentimiento de presentar entrenamiento sobre la **Seguridad de los Niños del Abuso Sexual** al nivel apropiado de su hijo por edad.

\_\_\_ Yes/si, I give my child / children consent to receive training in Children's Safety from Child Sexual Abuse.

\_\_\_ No, I do not give consent for my child/children to receive training in Children's Safety from Child Sexual Abuse, but would like the materials to personally train my child / children at home.

Signature / Firma \_\_\_\_\_ Effective Date/Fecha \_\_\_\_\_