

CATHOLIC PARISHES OF GERALDTON

SACRAMENTAL ENROLMENT FORM

Candidate				Date					
First Name				Surname					
Date of Birth			Age	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Place of Birth				Is this your eldest child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Current School Year		Name of School							
Family Details									
Name of Father				Religion					
Name of Mother				Religion					
Mother's Maiden Name (Name at birth)									
Home Address									
Contact Numbers	Father			Mother					
Email ID									
Candidate's Baptism / Reception Details									
Please be very specific about writing Baptism details including the address of the Church where Baptised.									
Date of Baptism									
Name of the Church									
Address									
Address									
Town/City				State					
Country				Post Code					
Sacraments Received									
Baptism/Reception	<input type="checkbox"/>			Date					
Reconciliation	<input type="checkbox"/>			Date					
Eucharist	<input type="checkbox"/>			Date					
Any other siblings to be enrolled in the future? List them below									
1. Full Name				Age		M	<input type="checkbox"/>	FM	<input type="checkbox"/>
2. Full Name				Age		M	<input type="checkbox"/>	FM	<input type="checkbox"/>
<i>* Please fill out separate form for each candidate to be enrolled.</i>									

To Parents

As the first educators in our child's journey of faith, we commit ourselves to preparing our child by:

- * Striving to set a good example in our own faith.
- * Attending the weekly class sessions with my child, to offer support and understanding
- * Attend the Parent/Child meeting.
- * Helping my child to learn all prayers.
- * Praying together as a family and by joining in the Parish celebration of the weekly mass.

We ask the Parish Community to support us with their prayers.

**** Please attach a copy of your child's Baptism/Reception certificate. For other Sacraments as required.**

If your child was baptized at SFX Cathedral, St Peters Greenough or St John's Church Baptism certificate is not required.

Parent/Guardian signature _____

Date _____

Private Policy:

The Parish will use the information provided for the purposes of the Parish and school Sacramental programme only. If you would a copy of the Parish's Private Policy, please contact the Diocesan Office on 9921 3221.

NOTES