



Enrolment Form for Sacramental Programmes First Reconciliation and First Holy Communion

Child's Surname: _____

Christian Names: _____

Residential Address: _____

Phone No: _____ Mobile: _____ Email: _____

Date of Birth: _____ Class in 2013: _____

School Attending: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____
(Mother's surname before marriage is required for the parish registers)

Date of Baptism: _____

Parish of Baptism: _____
Please supply a copy of *Child's Baptism Certificate*

Please indicate the Sacraments you are enrolling your child for:

First Reconciliation _____ Paid \$ _____ **First Holy Communion** _____ Paid \$ _____

Other Special Notes: _____
