**St. Brigid’s Parish, Gisborne 3437** **Tel:-** **03 5428 2591**

Family Name ……………………………………………….. Christian Name ……………………………………………………..

Date of Birth ………………………………………………. Present School ………………………………………………………

Grade at School in 2019 ……………………………..

Father’s Name…………………………………………………………………………………………………………………………………….

Mother’s Name ………………………………………………………………………………………………………………………………….

Address………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………….. Post Code ………………………………

Postal Address …………………………………………………………………………………………………………………………………..

Phone No. ……………………………………………………… Emergency No. ……………………………………………………..

Email Address …………………………………………………………………………………………………………………………………..

**Authorised Person’s for Pick-up/Drop-off**

Name:- ………………………………………………………….. Phone:- …………………………………………………………………

Name:- ………………………………………………………….. Phone:- …………………………………………………………………

**Has Your Child Received the Sacrament of:-**

Penance / Reconciliation:- Yes No (Please circle)

First Communion / Eucharist:- Yes No (Please circle)

Confirmation:- Yes No (Please circle)

Date of Baptism:- …………………………………………. Place:- ………………………………………………………………..

**Payment Received** (Single child $50.00, Family $100.00)

Family/Single $............................... Date:- ……………………………………………..

**Parent:- I will support and encourage my child to take an interest in and be present at all sessions of this Religious Education Program.**

Parent’s Signature …………………………………………………………………………………………………………………