

ENROLMENT 2023: PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR  
STFRANCISCATECHIST@GMAIL.COM BY TUESDAY 11TH JULY.

St Francis of Assisi Parish, Mill Park, 9407 6700

## RELIGIOUS EDUCATION CLASSES ENROLMENT FORM 2023

Child's Surname: ..... Male/Female: M  F

Christian Names: .....

Catechism Grade: Pre Sacraments  Reconciliation  First Eucharist  Confirmation

Date of Birth: ..... Country of Birth: .....

Baptism Certificate Attached: Yes / No

Date of Baptism: ..... Name of Church: ..... Suburb: .....

Year of First Reconciliation: ..... Name of Church: ..... Suburb: .....

Year of First Communion: ..... Name of Church: ..... Suburb: .....

School Attending: ..... School Grade: .....

### Father/Guardian

Full Name: .....

Address: .....

.....

Home Phone: .....

Mobile: .....

Country of Birth: .....

Religion: .....

Business Phone No .....

Marital Status: Single/Married/Separated/Divorced/Widower

### Mother/Guardian

Full Name: .....

Address: .....

.....

Home Phone: .....

Mobile: .....

Country of Birth: .....

Religion: .....

Business Phone No .....

Marital Status: Single/Married/Separated/Divorced/Widow

Person to Contact: Father  Mother  Guardian  (Name .....

Email address: .....

Other Children in Family

Date of Birth

Pre School/School Class

Work

.....  
.....  
.....  
.....

Does your child have serious allergies? Please list: .....

In the event of illness or an accident I understand that the Parish will contact me immediately.

If I am unavailable, I authorise any necessary emergency medical treatment.

Parents Signatures: .....

*Father or Guardian*

*Mother or Guardian*

*Parish Priest*

### OFFICE USE ONLY

Fees Paid: Amount: ..... Date: ..... Method: .....

*Please fill out the following form if you would like your payment for your child's catechist classes (religious education classes) to be processed from your credit card. You can alternatively pay by cash or eftpos at the parish office.*

Surname: ..... First Name: .....

Address: .....

Postcode: ..... Contact phone number: .....

Email: .....(receipt will be emailed to this address)

**FEES:      \$60 per child per year  
              \$30 per child per year if you have a current health care card.  
              (A copy of your current health care card must be sent with this form.)**

Children to be enrolled:

Full Name: ..... Amount: .....

Full Name: ..... Amount: .....

Full Name: ..... Amount: .....

Full Name: ..... Amount: .....

**TOTAL:** .....

Credit Card Deduction:    Visa / Mastercard

Card Number:                        

Expiry Date: ..... / ..... Name on Card ..... Signature: .....