RELIGIOUS EDUCATION ENROLMENT 2020

Enrolment Day for Parish Classes in 2020 is on **Tuesday 14th April, from 4 pm - 5 pm** in the Church. Enrolments can also be placed at the Parish Office (weekdays 9 am - 4 pm) or via email by filling in this enrolment form and a Catechist Class payment form.

Classes begin on **Tuesday 21st April** and are held **every Tuesday, from 4:15 - 5:00 pm.** (Families will be notified about holidays.)

We will be offering four classes that students may be enrolled in; Catechesis Pre-sacraments (years prep - 2), First Reconciliation (must be year 3 minimum), First Eucharist, and Confirmation (must be year 6 minimum).

Contact:

May Park by email at mpark@sfmillpark.catholic.edu.au or leave a message at the Parish Office on 9407 6700.

St Francis of Assisi Parish, Mill Park, 9407 6700 **RELIGIOUS EDUCATION CLASSES ENROLMENT FORM 2020** Child's Surname: Male/Female: M Christian Names: Catechism Grade: Pre Sacraments Reconciliation First Eucharist Confirmation Date of Birth: Country of Birth: Baptism Certificate Attached: Yes / No School Attending: School Grade: Mother/Guardian Father/Guardian Full Name: Full Name: Address: Address: Home Phone: Home Phone: Mobile: Mobile: Country of Birth: Country of Birth: Religion: Religion: Business Phone No Business Phone No Marital Status: Single/Married/Separated/Divorced/Widow Marital Status: Single/Married/Separated/Divorced/Widower Guardian Mother Person to Contact: Father 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: Mother or Guardian Parish Priest Father or Guardian

OFFICE USE ONLY

ST FRANCIS OF ASSISI PARISH

290 Childs Road, Mill Park 3082

phone: 9407 6700

email: millpark@cam.org.au

CATECHIST CLASS PAYMENT FORM 2020

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.

2 W.Y	First Name: Contact phone number: (receipt will be emailed to this address)					
Postcode: Email:						
	FEES:	P1 57 18	r year r year if you have current health ca			rm.)
Children to	be enrolled:					
Full 1	Name:			Amount:		
Full Name:				Amount:		
Full Name:				Amount:		
Full 1	Name:			Amount:		
				TOTAL:		
You can als	so pay by cash o	or eftpos at the pari	sh office.			
Credit Card	d Deduction:	Visa / Mastercard				
Card Numb	per:					
Expiry Date	e:/	Name on Card		Signa	iture:	
CVV (last 3 d	igits on back of ca	rd)	Copy of Health	Care Card Attach	ed (if applicable): Yes
	Please email this	form to millpark@ca	ım.org.au or hand i	t in to the parish o	ffice during office	hours.

