## Sacramental Program Enrolment Form

Parish of Attend	lance:				_
Name of Child:					
Parents Names:	Miss/Ms/Mrs.				_
	Mr				
Residential Add	ress:				
Name of School	attending:				
Year level:					
		<u>Conta</u>	act Details:		
Phone: Work/Bu	usiness Hours:				
Home:		N	Nobile:		_
Email address:					
	Sacrame	nts already	received: (Ple	ease circle)	
Baptism	Eucharist	Re	conciliation	Confirmation	
	Enrolli	ng for Sacı	rament: (Pleas	e circle)	
Eucharist	Reconciliation	n Co	nfirmation		
NOTE: Please pr	rovide a copy of your	child's bapti	sm certificate		
Enrolments clos	e: 28 February				
LATE ENROLME	NTS WILL NOT BE AG	CCEPTED			
			Fees		
	s <mark>\$50.00</mark> for each Sa program and materia	•	•	ent. This fee assists in cover s of postage.	ing costs
Please indicate m	ethod of payment:	Cash	Cheque	EFT	
I(We) will ensure that will attend all classes and complete all work and attend weekend Mass and understand that if the program requirements are not met, reception of the sacrament is not guaranteed.					
SIGNATURE:				DATE:	