

ST MICHAEL'S SACRAMENTAL ENROLMENT FORM

Please circle the Sacrament/s in which your child is being enrolled: RECONCILIATION, EUCHARIST, CONFIRMATION
PLEASE USE BLOCK LETTERS TO COMPLETE THE FOLLOWING INFORMATION

Child's Christian Name:

Child's Surname:

Date of birth:

School:

What year level will the child be in when attending the Sacramental Program?

Date and Place of Baptism:

If not baptised at St Michael's Ashburton, please attach a copy of the Baptism Certificate.

Date & Place of Reconciliation & First Eucharist:

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If First Eucharist not received at St Michael's Ashburton, please attach a copy of the First Eucharist Certificate.

Food Allergies:

Does the child have any special needs that we need to be aware of? Yes/No (Please circle)

If response to previous question is Yes please state details briefly:

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Parent details:

Father's Name: Religion.....

Mother's Name: Religion.....

Home Address:

.....

Home Phone:Work:Mobile:

Email:

Are you and your family enrolled members of St Michael's Parish? Yes / No (Please circle)

If No please download & complete Parish Census Form on **Contact Us** section of St Michael's Website:

www.stmichaelsashburton.org

Do you contribute to St Michael's Parish Support Program? Yes / No

If No are you interested in receiving more information about this program? Yes / No

Parent Signature.....Date: