**PARISH OF CORIO/LARA**

**ST. FRANCIS XAVIER’S CHURCH, CORIO**

**ST. ANTHONY’S CHURCH, LARA**

**RECONCILIATION EUCHARIST CONFIRMATION**

**ENROLMENT FORM - SACRAMENTAL PROGRAM SCHOOL AGED CHILDREN**

**RECONCILIATION FIRST EUCHARIST CONFIRMATION**

CHILD’S NAME ---------------------------------------------------------------------------------------------------

FAMILY NAME ----------------------------------------------------------------------------------------------------

DATE OF BIRTH------------------------------------------------------PLACE------------------------------------

SCHOOL ATTENDED------------------------------------------------------------GRADE----------------------

FATHER’S NAME-----------------------------------------------------------RELIGION---------------------

MOTHER’S NAME----------------------------------------------------------RELIGION-----------------------

ADDRESS------------------------------------------------------------------------------------------------------------

TELEPHONE------------------------------------------------MOBILE---------------------------------------------

EMAIL ADDRESS----------------------------------------------------------------------------------------------

|  |  |  |  |
| --- | --- | --- | --- |
| HAS CHILD CELEBRATED | WHEN | WHERE | CERTIFICATE’S COPY |
| Baptism |  |  |  |
| Reconciliation |  |  |  |
| Eucharist |  |  |  |

If the child is for the Confirmation:

CATHOLIC SPONSOR -------------------------------------------------------------------------------------------

CONFIRMATION NAME (ONLY Saints’ Name)-------------------------------------------------------------

Please return this form together with payment of $100.00 to the parish office.

I agree to attend any Parent meetings required during the year, and to attend Mass as part of my child’s preparation for the sacraments throughout the year. I acknowledge that my child will journey in this Parish community to receive the sacraments from Grade 2 to Grade 6 and that I as his /her Parent will support my child by attending all information sessions when required.

Parent/Guardian: Name…………………….…..signature………… Date……..….…