



**APPLICATION FORM
FOR THE
PARISH BASED SACRAMENT
PROGRAM
2017**
Applications close 17 February 2017

Catholic Parish of Epping, Epping North
Parish Office
13 Davisson Street
Epping, Vic 3076
Ph: 9401 6300
Email: epping@cam.org.au
Web: jmpparish.cam.org.au

Full Name of Child:.....M/F.....

I am registering my child to prepare for the Sacrament of: *please circle*

FIRST RECONCILIATION (year 3) **FIRST EUCHARIST (year 4)** **CONFIRMATION (year 6)**

Date of Birth:...../...../..... School they attend:Year:

Mother/ Female Guardian

Mrs/Ms.....

AddressPostcode.....

Phone: (H).....(W).....(Mobile).....(Alt).....

Email address:.....@.....

Religion:.....

Does the child live with this parent/guardian YES NO

Father/ Male Guardian Name

Mr.....

AddressPostcode.....

Phone: (H).....(W).....(Mobile).....(Alt).....

Email address.....@.....

Religion:.....

Does the child live with this parent/guardian YES NO

WE WORSHIP AT: (please circle) **ST PETER'S CHURCH** Saturday 7.15pm Sunday 9.00am /10.30am

ST MARY OF THE CROSS MACKILLOP Saturday 5.30pm

Sacraments History

Photocopy of the Certificate is required at time of registration.

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

Address of Church:

Please enclose **\$50.00** donation to offset our Sacramental costs.
Sandy Starbuck, Pastoral Worker – PH: 9401 6312 / 0402 984 525.