



Holy Spirit Parish
Religious Education Program
2017 Enrolment Form



Child's full name: _____

Date of birth: _____ School Year: _____

School: _____ Parish: _____

Class Enrolling For:

Littlies Class (Years 1-2)

Reconciliation

First Holy Communion

Confirmation

Year 5

Mother's name : _____ Religion: _____

Father's name : _____ Religion : _____

Postal address : _____

* Email address : _____

*Phone numbers : (H) _____ (M) _____ (W) _____

Names of other children in the family : _____

Sacraments received:

Baptism Year _____ Parish _____

Reconciliation Year _____ Parish _____

Eucharist Year _____ Parish _____

Confirmation Year _____ Parish _____

Are there any physical, educational or medical problems of which we need to be aware?

In the event that I/we _____, the parent/guardian of _____ are unable to be contacted, I/we authorise my/our child to receive any emergency medical or dental attention should it be required. I/We have read and understood the Duty of Care Statement.

Signature of Parent: _____ Date: _____

- It is essential that up to date contact information is maintained as parents may need to be contacted in the event of class cancellation.

Office use only: Paid Baptism Cert Reconciliation Cert. FHC Cert.