



Holy Spirit Parish
Religious Education Program
2024 Enrolment Form



Please complete all fields and attach copies of Sacrament certificates

Child's full name: _____ Gender: M_ or F_

Date of birth: _____ School Year 2024: _____

School: _____ Parish: _____

CLASS ENROLLING FOR:

Littlelies Class (Years 1-2)

Reconciliation

First Holy Communion (FHC)

Pre-Confirmation (or Year 5)

Confirmation

Mother's name : _____ Religion: _____

Father's name : _____ Religion : _____

Residential address : _____

Postal address : _____

Email address : _____

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

Names of other children in the family : _____

SACRAMENTS RECEIVED:

Baptism DD/MM/YY _____ Minister: _____

Parish Address: _____

Reconciliation DD/MM/YY _____ Minister: _____

Parish Address _____

FHC DD/MM/YY _____ Minister: _____

Parish Address: _____

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.