REGISTRATION FORM FOR AFTER SCHOOL SACRAMENTAL PROGRAM AT ST CLEMENT OF ROME PARISH
TEL : 9850 3262

PLEASE RETURN THE COMPLETED FORM WITH THE PAYMENT TO THE PARISH OFFICE TO CONFIRM YOUR REGISTRATION

COMMITMENT OF PARENTS/GUARDIANS

We/I……are aware of the importance of our child receiving the Sacrament of ……and promise to support our child along their journey of faith by committing to finalise the process of the preparation for this sacrament which includes Mass attendance.

In order to cover the cost of resources, a fee of $150.00 per child/per sacrament is required.

Please indicate which sacrament to be completed.

Reconciliation ☐

First Eucharist ☐

Confirmation ☐

Family Details

Student's Full Name

Date of Birth

Name of School and current grade

Parent's Names

Address

Contact No Email

Sponsor's Name (where applicable)

Does your Child have any learning difficulties we should be aware of:

Baptism and other Sacramental Information

Date of Baptism (please provide a copy of the certificate if not at St Clement's)

Date of Sacrament of Reconciliation (please provide a copy of the certificate if not at St Clement's)

Date of Sacrament of First Eucharist (please provide a copy of the certificate if not at St Clement's)

General consent from Parents/Guardians

We/I give consent for my child……
Photo/images/videos taken during sacrament-related activities or celebrations to be published in Parish documents, newsletters, displays on the notice board etc.

Parent/Guarding Signature…… Date……

Payment options : ☐ Direct deposit ☐ Credit Card ☐ Cash

Direct deposit : Account Name – St Clement of Rome Parish
BSB 083347 Account No 644716872

Credit Card : Name on the Card …….
Card Number …….
Expiry Date ……
Amount ……..

Enrolment will be confirmed upon receipt of the completed registration and payment.