



OUR LADY OF THE PINES PARISH, DONVALE

REGISTRATION FOR THE SACRAMENT OF FIRST HOLY COMMUNION



I wish to register my child for the sacrament of First Communion. I am aware of the importance of my child receiving this sacrament and promise to support them along their faith journey by committing that they will attend each part of the process of their preparation. This includes my child attending 10 consecutive afterschool classes of 45 minutes duration as well as Mass attendance.

Name of Mother: _____ Signature: _____

Name of Father: _____ Signature: _____

Date: _____

PREVIOUS SACRAMENTS:

Please tick which sacraments your child has made previously, along with the dates and the Parish.

- ☐ Reconciliation Date: _____ Parish: _____
- ☐ First Communion Date: _____ Parish: _____
- ☐ Confirmation Date: _____ Parish: _____

STUDENT'S DETAILS

SURNAME:	
FIRSTNAME:	M / F (please circle)
DATE OF BIRTH:	
SCHOOL CURRENTLY ATTENDING:	
CURRENT GRADE:	
DATE OF BAPTISM:	
PARISH WHERE BAPTISED:	

Please attach a copy of your child's Baptism Certificate, if not supplied previously.

Does your child have any learning difficulties which would be helpful for us to be aware of? YES / NO

If YES, please provide brief details:

PARENTS' DETAILS	FATHER	MOTHER
SURNAME:		
FIRSTNAME:		
PHONE NO.		
EMAIL ADDRESS:		
STREET ADDRESS:		
SUBURB:		
POSTCODE:		

PERMISSION TO OBTAIN MEDICAL ASSISTANCE

I hereby give permission for my child _____ to attend Catechist Classes at Our Lady of the Pines Parish, Donvale. In the event of any illness or accident, I give permission for the obtaining on my behalf, any medical assistance my child may require in accordance with medical advice. Any such cost will be borne by me.

Name of Parent : _____ Signature: _____

PAYMENT DETAILS

In order to cover the cost of sacramental preparation, including expenses such as the certificates, medals, workshops etc. we require a payment of \$150.00 per child. Registration will be confirmed once payment has been made. Thank You.

Please enter your payment details below:

Name of Child:	
Name of Sacrament:	
Card Type: (Please circle)	Mastercard / Visa Only
Name on Card:	
Card Number:	
Expiry Date and CCV:	
Amount:	\$
Signature of Cardholder:	

Please email your completed form to donvale@cam.org.au

FOR OFFICE USE ONLY:

DATE SUBMITTED:	
AGE AT TIME OF APPLICATION:	
DATE PAID:	
METHOD OF PAYMENT:	