|  |
| --- |
| redan logo.gif**St Aloysius Parish**  **Family Based – Parish Coordinated – School supported Sacramental Program** |

Registration Form

Family Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth \_\_\_/\_\_\_/\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent details: Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s maiden name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Child’s baptism \_\_\_/\_\_\_/\_\_\_\_

Place of Baptism (name of church and location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate sighted \_\_\_\_\_\_\_

Please bring to the meeting your child’s Tri Fold Certificate or a copy of your child’s Baptism certificate if they we not Baptised in the Ballarat Diocese

PROGRAM ENROLMENT DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | Program | Enrolment date | Fee Paid ($25 per program | Received by | Tri – Fold Required | Stole Required |
| Confirmation |  |  |  |  |  |
| Reconciliation |  |  |  |  |  |
| First Eucharist |  |  |  |  |  |

Parent or Guardian who will be supporting this child in the Sacramental Programs

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_