

OUR LADY QUEEN OF APOSTLES CHURCH SACRAMENT ENROLMENT FORM 2020

Complete one	form for each child. For the second child only fill the boxes marked ³
FEES: \$30 for 6	ach child, \$50 for two or more children.
Use BLOCK CA	PITAL letters when completing this form.
CHILD'S SURNAME *	
CHILD'S NAME *	
CHILD'S DATE OF BIRTH *	
CLASS YEAR AT SCHOOL *	
SCHOOL ATTENDING *	QUEEN OF APOSTLES
CHILD'S ADDRESS	
MOTHER'S NAME *	
MOTHER'S Contact No	
MOTHER'S EMAIL	
FATHER'S NAME *	
FATHER'S Contact No	
FATHER'S EMAIL	
PLEASE LIST ANY PHYSICAL, MED	CAL OR BEHAVIOURAL PROBLEMS WE NEED TO BE AWARE OF *

PLEASE LIST THE SACRAMENTS YOUR CHILD HAS RECEIVED

BAPTISM *: \	ear	/	/_	Pai	rish					
Please provid	le а сору	of Stude	ent's Ba	ptism Cei	rtificate (if yo	u have no	t already	done so).		
RECONCILIAT	⁻ION *: Y∈	ear			Parish					
FIRST COMM	UNION *	: Year	/		Parish					
CONFIRMATI	ON *: Yea	ar	/		Parish					
L										
CONSENT AND	AGREEM	IENT:								
I/We					Parer	nt / Guard	ian of			
I/We give con	sent to ou	ır child l	being p	hotograp	hed YES / NO					
I/We will atte	end the Co	ommitm	ent Ma	ıss, Sacraı	ment Worksh	op, and Sa	acrament	Rehearsal	on the day	s mentioned in
the Parent In	formation	for Sac	rament	s docum	ent YES / NO.					
PARENT'S										
SIGNATURE*										
DATE*										