



OUR LADY QUEEN OF APOSTLES CHURCH

PREP ENROLMENT FORM 2020

Parish Religious Education Program

Office use only: Baptism copy Fee paid Workshop Time CLASS

Use **BLOCK CAPITAL** letters when completing this form.

Complete one form for each child. For a second child only fill the boxes marked *

FEES: \$30 for each child, \$50 for two or more children.

CHILD'S SURNAME *

CHILD'S NAME *

CHILD'S DATE OF BIRTH *

CLASS YEAR AT SCHOOL *

SCHOOL ATTENDING *

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, MEDICAL OR BEHAVIOURAL PROBLEMS WE NEED TO BE AWARE OF *

PLEASE LIST THE SACRAMENTS YOUR CHILD HAS RECEIVED

BAPTISM *: Year ____ / ____ / ____ Parish _____

Please provide a copy of Student's Baptism Certificate.

RECONCILIATION *: Year ____ / ____ / ____ Parish _____

FIRST COMMUNION *: Year ____ / ____ / ____ Parish _____

CONFIRMATION *: Year _____ Parish _____

DUTY OF CARE

- Classes commence at 9.30am and finish at 10.30am.
- Supervision will be provided for 10 minutes before and 10 minutes after class. All children must be dropped off and picked up promptly within these times. It is the responsibility of the parents to drop off and pick up their children. Should you arrive before 9.20am, it is your responsibility to supervise your child.
- Children will need to be dropped off and picked up from the Church or Classroom at Queen of Apostles Parish in order that adequate supervision is maintained.
- If you are delayed in picking up your child, or in cases of emergency, you must contact the Coordinator (Ashley on 0403317731), or Fr Paul on 0408410029.
- Our Parish Catechists are volunteers and deserve respect and cooperation at all times.
- Your child's photo may be taken at special events or in the classroom and this may be displayed on the Parish Notice Board.

CONSENT AND AGREEMENT: *

I/We _____ Parent / Guardian of _____

In the event that I/We are uncontactable, I/We authorise my/our child to receive emergency medical attention should it be required YES / NO.

I/We have read the Duty of Care Statement YES / NO.

I/We give consent to our child being photographed YES / NO.

PARENT'S SIGNATURE*

DATE*