Coordinator: email sacraments@homemail.com.au or phone 6231 7310 (Wed or Fri 9-3)

St Anthony's Sacramental Program Enrolment Form 2010

CHILD

Surname: _____ Given Names: _____

Date of Birth: _____ ☐ Male ☒ Female

I wish to enrol my child in a sacramental program for 2010 ☐ Yes ☐ No → see footnote[A]

Address _____

Date of Baptism _____ Baptismal Certificate Attached[B] ☐ Yes ☐ No

My child is attending ☐ St Anthony's Primary ☐ School of Religion ☐ Other School _____

My child is in class (eg. 4B) _____

MOTHER

First Name: _____ Surname: _____ Maiden Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-Mail: _____

FATHER

First Name: _____ Surname: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-Mail: _____

PROGRAM DETAILS

I wish to enrol my child in: ☐ First Reconciliation ☐ First Eucharist ☐ Confirmation

Would you consider being a Home Group leader/facilitator? ☐ Yes ☐ Possibly ☐ No

My preferred time for Home Group sessions is: - (please select at least two preferences)

☐ Mon afternoon ☐ Tues afternoon ☐ Wed afternoon ☐ Thurs afternoon ☐ Fri afternoon

☐ Mon evening ☐ Tues evening ☐ Wed evening ☐ Thurs evening ☐ Fri evening

I give permission for photos of my child to be used in Parish websites &/or publications ☐ Yes ☐ No

PAYMENT DETAILS

Program fee is **$40** ($60 for a family if multiple children are enrolling in any program this year).

CREDIT CARD ☐ Visa ☐ Mastercard ☐ Bankcard

Signature _____

Expiration date _____

Cardholder's Name: _____

CASH/CHEQUE

To your completed form, please attach either cash or a cheque (made payable to "St Anthony of Padua Parish").

PLEASE LODGE YOUR ENROLMENT FORM BY MAR 26

Label envelope "**Sacramental Enrolment**" and lodge either:

at the front office of St Anthony's school or at: St Anthony's Church, 108 Sternberg Crescent, Wanniassa, 2903

[A] If you are not enrolling your child in the program, you do not need to fill in any more details. Please email this form to sacraments@homemail.com.au as this will assist in the administration of the program.

[B] This is *only* essential if your child has *not* previously celebrated a Sacrament in St Anthony's Parish.

RECEIPT Number: *dated:*