

**ST BRIDGET'S CATECHISM PROGRAM
ENROLMENT FORM**

NOTE:

**Individual form required for EACH child
Please supply a photocopy of your child's baptism certificate**

CHILD'S NAME:

Surname.....Given name.....

Home address:

.....
Suburb.....P/code.....

Date of Birth:

SchoolGrade:

COMPLETED SACRAMENTS:

Reconciliation: Date..... Church.....

First Communion: Date..... Church.....

Confirmation Date..... Church.....

PARENT/GUARDIAN DETAILS:

Mother/Guardian

Surname.....Given name.....

Home address:

Suburb.....P/code.....

Telephone Number (Home)

.....(Business) (Mobile)

E-mail address:

Father/Guardian

Surname.....Given name.....

Home address:

Suburb.....P/code.....

Telephone Number (Home)

.....(Business) (Mobile)

E-mail address:

EMERGENCY CONTACT:

Name:.....Relationship.....

Phone.....

SIBLINGS:

Name: Age: School:
Name: Age: School:
Name: Age: School:
Name: Age: School:

HEALTH ISSUES:

Does the child have any health/allergy/dietary issues catechists need to be aware of?

No

Yes

Please provide details

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CONSENT:

I/We.....hereby consent to catechist program staff in circumstances where it is not possible or impracticable to communicate with me to transport my child(ren)and seek medical attention from a qualified practitioner.

Signed..... (Parent/ Guardian)

Date.....

PROGRAM PAYMENT:

Fees:

Grade 1,2 & 5 \$30

Reconciliation \$40

First communion \$60

Confirmation \$80

Cheques payable to *St Bridgets Catholic Church.*

Payment of program fee completed:

Yes

No