

ENROLMENT FORM
SACRAMENTAL PROGRAM 2021
HOLY SPIRIT PARISH
(Generally for children about 9 years old)

**PLEASE RETURN ENROLMENT FORM, COMMITMENT FORM AND COPY OF BAPTISMAL
CERTIFICATE TO PARISH OFFICE BY Friday 26th February, 2021**

CHILD'S SURNAME: _____

CHRISTIAN NAMES: _____

ADDRESS: _____

_____ D.O.B: _____

DATE OF BAPTISM: _____

PLACE OF BAPTISM: _____

SCHOOL: _____ CLASS: _____

**Baptism Certificate Not
required** if Baptism
was celebrated at Holy
Spirit Parish.

PERMISSION FOR THE USE OF GROUP PHOTOGRAPH: YES ☐ NO ☐

I hereby give my consent for my child to be admitted to the Sacramental Program as indicated below:

Reconciliation ☐ Confirmation ☐ 1st Eucharist ☐

FATHER'S SIGNATURE _____

Catholic Y / N
(Please circle)

NAME: _____

PHONE NUMBERS: (H) _____ (M) _____

Email: _____ (for notification of updates or changes)

Catholic Y / N
(Please circle)

MOTHER'S SIGNATURE: _____

NAME: _____ MAIDEN: _____

PHONE NUMBERS: (H) _____ (M) _____

Email _____ (for notification of updates or changes)

FAMILY LAW MATTERS

Are there any such Orders?

YES ☐ NO ☐

Is there a copy of every such Order on record at Holy Spirit School?

YES ☐ NO ☐

IF NOT please attach a copy of the Order to this Application Form.

Cost: \$50 per child. Payment can be made in cash or by direct deposit to:

BSB: 034-212 ACCOUNT NUMBER: 480005
REFERENCE ON THE DEPOSIT MUST BE THE CHILD'S SURNAME