



The Parish of Richmond

RECONCILIATION ENROLMENT FORM



Please print carefully

Child's Name: Date of Birth:

Address:

Phone: Home: Business: Mobile:

E-mail:

School: Class Year:

Sacraments already received: **Baptism in Catholic Church:**

CHILD'S BAPTISM DETAILS

Date of Baptism: Catholic Parish: Place:

PLEASE NOTE: If **Baptism** was **outside** the **Parish of Richmond**, please include a **Catholic Baptismal Certificate**.
[Certificate copies can be obtained from parish of Baptism]

Mother's MAIDEN Name	Father
Name as on child's Baptism Certificate:	Name as on child's Baptism Certificate:
Religion:	Religion:

Does your child have any special needs the Facilitator ought to address during the program? YES / NO
If 'yes' please provide details on back of this form.

PLEASE NOTE: A donation of \$30 is kindly requested to cover costs of resources and materials. Cash donations can be included with your enrolment form or donations can be made via the Parish of Richmond Website (please see reverse for details). **BPOINT Receipt Number:** or **Cash enclosed:**

GROUP TIMES -Please number preferences 1, 2 and 3

St Gregory's, Kurrajong	St Monica's, Richmond			
after Sunday Mass <input type="checkbox"/>	After 9.30 Sunday Mass <input type="checkbox"/>	Tuesday 7.00pm <input type="checkbox"/>	Thursday 3.45pm <input type="checkbox"/>	
	Monday 4.00pm <input type="checkbox"/>	Wednesday 3.45pm <input type="checkbox"/>	Thursday 7.00pm <input type="checkbox"/>	
	Tuesday 3.45pm <input type="checkbox"/>	Wednesday 5.30pm <input type="checkbox"/>	Friday 4.30pm <input type="checkbox"/>	

PLEASE SIGN:- In completing this form I hereby declare that the information I have provided is true and correct and agree to:

- the recording of my personal information for Parish records only. This information is not to be used by or distributed to any other organisation.
- the publishing of our names in the Bulletin.

(Should you not agree to these items please delete as applicable and sign below.)

Signed:

Date:

CEREMONY SELECTION FOR RECONCILIATION

Child's Name:

Please number (1- 3) the session time you prefer to participate in
for the Sacrament of Penance/Reconciliation.

Wednesday, November 9th: 3.45pm

7.00pm

Thursday, November 10th: 3.45pm

7.00pm

Total family number attending ceremony:

Details/ Special Needs

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