



CATHOLIC PARISH OF APPLECROSS PARISH RELIGIOUS EDUCATION PROGRAM (PREP) ENROLMENT FORM – 2010

[Please attach a photocopy of your child's baptismal certificate]

Child's Details:

FULL NAME: _____

DATE OF BIRTH: ____ / ____ / ____ Email Address: _____

ADDRESS: _____ POST CODE: _____

SCHOOL: _____ GRADE (2010) _____

SACRAMENTS RECEIVED	ADMINISTERED	PARISH WHERE RECEIVED	YEAR
<i>BAPTISM</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>RECONCILIATION</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>EUCCHARIST</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>CONFIRMATION</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Does your child have any physical, educational or medical problems that we should know about?

YES NO **If YES please give details:**

Family Details:

FAMILY NAME: _____

ADDRESS: _____

POST CODE: _____ HOME PHONE NO: _____

EMERGENCY TEL NOs: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____

GUARDIAN (If applicable): _____ PHONE: _____

I/We _____ parent/guardian of _____ hereby give my/our permission in the event that I/we are uncontactable, for my/our child to receive any emergency medical or dental treatment should it be required.

Signed: _____

Signed: _____

Name in Full: _____

Name in Full: _____

Date: _____

Date: _____

PRIVACY STATEMENT: The primary purpose of collecting the personal information you supply on this form is to process your child's registration. The Parish will not disclose your information to a third party.