



APPLECROSS PARISH
EUCCHARIST ENROLMENT FORM
2010

NAME:
(CHRISTIAN NAMES) (SURNAME)

ADDRESS:**POST CODE:**.....

EMAIL ADDRESS:

TELEPHONE: **DATE OF BIRTH:**

SCHOOL ATTENDING: **YEAR:**

BAPTISM: WHERE RECEIVED: **DATE:**

MOTHER'S NAME:**MAIDEN:**

MOTHER'S RELIGION:

FATHER'S NAME:

FATHER'S RELIGION:

PARISH CURRENTLY ATTENDING:

NAME OF PARISH PRIEST:

NOTE:

CHILDREN WILL NEED TO PRODUCE A COPY OF THEIR BAPTISMAL CERTIFICATE. THOSE BAPTISED AT ST BENEDICT'S CHURCH WILL NEED ONLY SUPPLY THE APPROXIMATE DATE THE SACRAMENT WAS RECEIVED.

TEACHER'S USE ONLY:

BAPTISMAL CERTIFICATED RECEIVED: []
BAPTISMAL CERTIFICATE RETURNED: []

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.