

CATHOLIC PARISH OF APPLECROSS

PARISH RELIGIOUS EDUCATION PROGRAM (PREP)

ENROLMENT FORM – 2012



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

Child's Details:

FULL NAME: _____

DATE OF BIRTH: ____ / ____ / ____ EMAIL ADDRESS: _____

ADDRESS: _____ POST CODE: _____

HOME PHONE NO: _____

SCHOOL: _____ GRADE (2012) _____

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

FATHER'S NAME: _____ RELIGION: _____

MOBILE: _____

MOTHER'S NAME: _____ NEE: _____

MOTHER'S RELIGION: _____ MOBILE: _____

GUARDIAN (If applicable): _____ PHONE: _____

EMERGENCY NAME & TEL NOs: _____

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.