

The Catholic Community of North Harbour

Registration Form – 2017 -2018 Children’s Sacramental Program

(Please print and return at Enrolment time.)

Child’s Christian Names: _____ Surname: _____

Preferred Name: _____ Date of Birth: _____

Home Address (where child resides): _____

Home Telephone: _____

*Date of Baptism: _____ Place of Baptism: _____

Church Address: _____

(Please provide full postal address if outside Australia.)

A photocopy Baptism Certificate is required if the child **was not** baptised at St Kieran’s or St Cecilia’s Church. *In all cases date of Baptism must be shown above.

Church of Worship: (tick) St Cecilia’s St Kieran’s Other

School Attending: _____ Year: _____

I had a child participate in the Sacramental Program in 2015 or 2016: Yes No

Does your child have special needs? Yes No

(We modify the program to provide for children with special needs.)

Details of Special Needs: _____

Parent/Carer Details:

Mother’s Full Name: _____

Mother’s Maiden Name: _____ Religion: _____

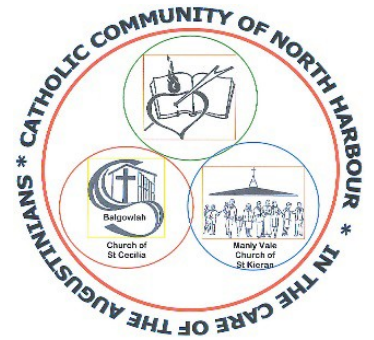
Mobile: _____ Email: _____

Father’s Full Name: _____ Religion: _____

Mobile: _____ Email: _____

Best contact Name and Phone no. during business hours:

(Please note this form continues overleaf)



I wish to present _____ for the Sacraments of Confirmation, Reconciliation and First Communion (Eucharist)

- I understand that the attendance of a parent/carer at Parent Information Meetings for each Sacraments is required.
- I give permission for my child's name to be printed in the Parish Bulletin.
- I give permission for my child's photo to be displayed in the Church during the program.
- I give permission for my child's photo to be taken and published in the Parish's newsletters and website.

Signature of Parent/Carer: _____

Print name: _____

Information given on this form is treated confidentially and in accordance with our privacy policy, which can be found at <http://www.dbb.org.au/diocese/dsp-default.cfm?loadref=590> If you have any questions, please don't hesitate to contact the parish office on 9949 4455.

Contribution towards costs: \$100 (for 3 sacraments) Cash Cheque (Please make cheques payable to Catholic Community of North Harbour) Visa/MasterCard

Name on card (Please PRINT): _____

Card No: _____ Expiry: __/__/__

Signature: _____

ADDITIONAL INFORMATION FOR CONFIRMATION

Confirmation Name: _____ **Name of Sponsor:** _____

GROUP FACILITATORS: Please consider being a facilitator for the Confirmation program, you may wish to share the role with another parent. We require a large number of facilitators so that each group can be kept to no more than six children with a parent of each child also attending. Training will be provided together with a Group Facilitator's kit after the Confirmation Parent Information Meetings. The kit contains supporting information for each of the four sessions and resources to assist you with facilitating conversations in the group. We use the Diocese of Broken Bay program which provides an easy to follow book. Please contact Janette for more information on 0408 866 521 or at sacraments@northharbourcatholic.org.au

I am willing to be a Group Facilitator. Name: _____

I can help with office support. Name: _____

◆ PARISH OFFICE USE ONLY

Copy Baptism Certificate	<input type="checkbox"/>	On file	<input type="checkbox"/>
Payment	<input type="checkbox"/>	PACS	<input type="checkbox"/>