



# 2019 CONFIRMATION AND FIRST EUCHARIST SACRAMENTAL PROGRAM

Please present this form and payment (\$40) to the Parish Office by Friday 15<sup>th</sup> February.  
NB Parish Office hours are 9:30 – 3:00pm Mon-Fri. Thank you!

## Child's Details

1. Child's **FULL** name to be printed on certificates (first, middle, surname):

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2. Child's preferred name (if different to first name):

.....

3. Child's date of birth:

.....

4. Primary residential address:

.....

.....

.....

5. Child's school:

.....

6. Current year level at school:

.....

## Family Details

7. Mother's full name:

.....

8. Mother's maiden name:

.....

9. Father's full name:

.....

10. Additional contact's name & relationship to child:

.....

11. Contact details of person(s) to whom correspondence should be sent:

Name(s): .....

Email address(s): .....

Mobile number(s): .....

## Group Leaders

Parents are invited to lead the weekly small groups gatherings with their child during the program. Resources and support will be provided by the team.

Note – All group leaders are required to have a current Victorian Working with Children's Check and signed the 'Parish Code of Conduct for Working With Children'.

Please indicate below if you would like to be a small group leader.

12. Group leader (please circle):                      Yes                      No                      Maybe

## Insignia

When your child attends Mass during the program, and when they receive the Sacrament, they are required to wear an insignia. This insignia is given to the children of our parish at their Baptism. If you do not have an insignia, please indicate this below so one can be provided.

13. Insignia required (please circle):                      Yes                      No

## Prior Sacramental Details

**\*\*If your child did not receive these sacraments in Wodonga Parish, please attach a photocopy of their certificates, if not previously provided\*\***

14. Church of Baptism:

.....  
.....

16. Church of Reconciliation:

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.....

15. Date of Baptism:

.....

17. Date of Reconciliation:

.....

18. Copy of Sacramental certificates attached (please circle):      Yes      No      N/A

## Sacraments to Receive

19. Please select which sacraments your child will be receiving (circle one):

Confirmation and Eucharist

Eucharist only

Confirmation only

## Sacramental Date

20. Please select which celebration you would like to attend (circle one):

Saturday 18<sup>th</sup> May 6:00pm

Sunday 19<sup>th</sup> May 8:30am

Sunday 19<sup>th</sup> May 10:30am

## Family Commitment

21. Regular parent involvement and support is vital in the teaching of children, their preparation for reception of the sacraments and their ongoing faith development.

As the parent/guardian of ..... I am prepared to make a genuine attempt to:

- Provide the opportunity for my child to attend Sunday Mass;
- Spend time with my child in prayer;
- Attend all program sessions and small group gatherings;
- Ensure my child/children attends all program sessions and group small gatherings.

I am prepared to support and participate in the Parish Sacramental Program and I understand all the expectations outlined above and agree to abide by them. I consider that my child's general faith formation and level of maturity is sufficient to enrol in the Parish Sacramental Program.

**SIGNED** (Parent/Guardian) .....

**DATE** .....

Your privacy is important to us. Our Privacy Policy explains why we collect your personal information and how we handle and protect it. Our policy can be found at:

<https://www.sandhurst.catholic.org.au/diocese-of-sandhurst-publications/970-privacy-policy-cdos-2016-version-3-0-15-6-2017/file>