

2019 RECONCILIATION SACRAMENTAL PROGRAM

Child's Details

	Child's FULL name to be printed on certificates (first, middle, surname):		
Primary residential address:			
	Child's school:	Current grade at school:	
Fa	mily Details		
	Mother's full name	Father's full name	
	Additional contact's name & relationship to child		
Contact details of person(s) to whom emails will be sent:			
	Email Address(s):		
	Mobile Number(s):		
Ba	ptismal details **If your child was not baptised in Wodonga parish,	please also attach a copy of their baptism certificate**	
	Church of Baptism:	Date of Baptism:	
Ins	signia		
	If you do not have an insignia, please indicate this be	low so one can be provided.	
	Insignia required (please circle): Yes	No	
M	eeting and Liturgy Dates		
	Please select which sessions you would like to attend (circle one):		
	Tuesdays 4pm – 5pm (8 th October - 12 th November)	Thursday's 6pm – 7pm (10 th October - 14 th November)	
Fa	mily Commitment		
	Regular parent/guardian 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 As the parent/guardian of		
	 Provide the opportunity for my child to attend Sunday Mass Spend time with my child in prayer Attend all program sessions and group gatherings with my child. 		
	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 Sacramental Program.	nsider that my child's general faith formation and level of maturity is sufficient to enrol in the Parish ramental Program.	
	SIGNED (Parent/Guardian)		
	DATE		

We suggest a donation of \$40 to cover the costs of program resources

2019 RECONCILIATION ENROLMENT FORM