

Wodonga Catholic Parish-2022 Reconciliation Enrolment

PLEASE PRINT CLEARLY USING BLOCK LETTERS

We suggest that **YEAR 3** or older an appropriate time to enrol your child in the Parish Program for the Sacrament of Reconciliation if you consider his/her general faith formation and level of maturity is sufficient.

Child's FULL Name:			_
Child's Date of Birth//			
Child's School:			
Please note: A copy of your child's b	paptism certificate must be pro	<u>vided if bapti</u>	sed in another parish.
Father/Guardian Full Name:			
Mother/Guardian Full Name:			
Family Contact Details: Residential Address:			
Email Address:			
Home Phone:	Mobile Phone:		
	s: Please select the sessions you ase select Tuesdays or Thursda		o attend:
Tuesday- 4:00 pm – 5:00 pm		Thursday –	6:00 pm – 7:00 pm
May 03 rd		ı	May 05 th
May 10 th		ı	May 12 th
Intended D	ate of Reconciliation: (Please o	ircle one)	
Tuesday May 17 th 4:00 pm - 5:0	0 pm Thurs	day May 19 ¹¹	6:00 pm-7:00 pm
Family Commitment: Regular involvement and support is vital in tea faith formation. As a parent/guardian of		_	
my/our child to attend Mass, spend time v			
with them. I/we will support and participa	te in the sacramental program.		
Signed Parent/Guardian:	Dat	e:/	/
INSIGNIA: Your child will wear this to Mass			acraments. If you do not
have an insignia, please indicate below s Insignia required (Please circle)	o one can be provided at a cost of YES	\$5:00 .	NO

Please note: The cost of the program is \$40:00 if you require an insignia the cost is an additional \$5:00

This enrolment form together with payment needs to be returned to the Parish Centre no later than Monday APRIL 18th

OR email: wcpsacramental@gmail.com. Payment may be made via EFTPOS at the Parish Centre

Monday to Friday 9:30 am to 3:00 pm. Or phone 60243366.