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.

Required Information for certificate & official records

	p Sessions:	
Child's Date of Birth//	p 303310113 .	
Child's School: Year Level		
	s Baptism Certificate is only required	
Father/Guardian Full Name:		
Mother/Guardian Full Name:		
Email Address: Home Phone:	Mohilo Phono:	
nome i nome.	Mobile Phone:	
Mooting & lituray D	ator: Plagra calact the ressions va	u would like to attend:
	ates: Please select the sessions yo ease select either Tuesdays or Thur	
(b)		<u>300 y 37</u>
Tuesday- 4:00 pm – 5:00 pm		Thursday – 6:00 pm – 7:00 pm
May 07 nd		May 09 th
May 14 th		May 16 th
	Intended Date of Reconciliation	
	(Please circle one date)	<u>.</u>
Tuesday May 21st 4:00 pm -	5:00 pm Thurs	sday May 23rd 6:00 pm-7:00 pm
Family Commitment:		
Regular involvement and support is vital ir faith formation.	n teaching of children, their preparation for	receiving the Sacraments and their ongoing
As a parent/guardian of		
		program sessions and group gathering.
with them. I/we will support and partic	cipate in the sacramental program.	
Signed Parent/Guardian:	Da	te:/
INSIGNIA: Your child will wear this to A	Nass as a sign that he/she is preparina t	o receive the Sacraments. If you do no
	ow so one can be provided at a cost of	
Insignia required (Please circle)	YES	NO

PLEASE NOTE: The cost of the program is \$50.00 if you require an insignia the cost is an additional \$5.00

Please return this enrolment form together with your payment to the Parish Centre no later than, Wed, 24th APRIL

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

Monday to Friday 10:00 am to 3:00 pm. Or phone 60243366.