WCP Baptism Enrolment

7 Years and Over

Candidates Information:

Candidates Name: _____

Preferred Name for Nametags for Group Sessions: _____

Candidates Date of Birth: ___/___/___

School: _____ **Current Year Level:** _____

Parents' Information:

Father/Guardian Name: _____

Fathers Religion: _____

Mother/Guardian Name: _____

Mothers Religion: _____

Family Contact Details:

Residential Address: _____

_____

Email Address: _____

Home Phone: _____   **Mobile Phone:** _____

PLEASE NOTE:

Please return this enrolment form to the Parish Centre
Monday to Friday 10:00 am to 2:00 pm. Or Via Email: wodcath@bigpond.net.au