



# ENROLMENT FORM RECONCILIATION, EUCHARIST, CONFIRMATION

PLEASE USE BLOCK LETTERS TO COMPLETE FORM

**Please tick:**     **Reconciliation**     **Eucharist**     **Confirmation**

**Child's Christian Name:**.....

**Child's Surname:**.....

**Date of birth:** .....

**School:** .....

**Current Grade:**.....

**Date and Place of Baptism:** .....

*If not baptised at Christ The Light Parish, please attach a copy of the Baptism Certificate.*

**Date & Place of Reconciliation & First Eucharist:**.....

*If First Eucharist not received at Christ The Light Parish, please attach a copy of the First Eucharist Certificate.*

**Food Allergies:** .....

**Parent details:**

**Father's Name:** ..... **Religion** .....

**Mother's Name:** ..... **Religion** .....

**Home Address:** .....

.....

**Phone:** ..... **Mobile:** .....

**Email:** .....

Are you and your family enrolled members of Christ The Light Parish?    Yes / No

Do you contribute to Christ the Light Parish Support Program?    Yes / No

If No are you interested in receiving more information about this program?    Yes / No

Parent Signature..... Date.....