**PLEASE RETURN THE COMPLETED FORM WITH THE PAYMENT TO THE PARISH OFFICE TO CONFIRM YOUR REGISTRATION**

**REGISTRATION FORM FOR AFTER SCHOOL SACRAMENTAL PROGRAM AT ST CLEMENT OF ROME PARISH**

**TEL : 9850 3262**

**COMMITMENT OF PARENTS/GUARDIANS**

**We/I……………………………………………are aware of the importance of our child receiving the Sacrament of ………………………………and promise to support our child along their journey of faith by committing to attend each part of the process of the preparation for this sacrament which includes Mass attendance.**

Please indicate which sacrament to be completed.

Reconciliation

First Eucharist

Confirmation

**Family Details**

Student’s Full Name

Date of Birth

Name of School and current grade

Parent’s Names

Address

Contact No Email

Sponsor’s Name (where applicable)

Does your Child have any learning difficulties we should be aware of:

**Baptism and other Sacramental Information**

Date of Baptism (please provide a copy of the certificate if not at St Clement’s)

Date of Sacrament of Reconciliation (please provide a copy of the certificate if not at St Clement’s)

Date of Sacrament of First Eucharist (please provide a copy of the certificate if not at St Clement’s)

**General consent from Parents/Guardians**

We/I give consent for my child……………………………………………

Photo/images/videos taken during sacrament-related activities or celebrations to be published in Parish documents, newsletters, displays on the notice board etc.

Parent/Guarding Signature………………………… Date………………

**Receipt of the Payment**

Thank you for registering your child in our after school Sacramental Program. We confirm receipt of the payment of $...................on ………….

being the administration fee for the above program.

………………………………………………

Signature & Date of Administration

St Clement of Rome Parish, Bulleen