



SACRAMENTAL PROGRAMME

ST. ANDREW'S PARISH CLARKSON

The information requested below is required for all families involved in the Parish Religious Education Program and will only be used for Parish purposes.

PLEASE PRINT CLEARLY AND ACCURATELY IN BLOCK LETTERS

Your co-operation is invaluable, as incomplete forms requiring follow up will delay the registration process.

Enrolment for PARISH RELIGIOUS EDUCATION PROGRAM

(including preparation for 1st Reconciliation, 1st Holy Communion & Confirmation)

STUDENT INFORMATION

Surname*: Given Name(s)*:

Address*: Post Code*:

School Attending*: Year*:

Date of Birth*: Gender (please circle): M / F

BAPTISMAL DETAILS: A copy of your child's **Baptism Certificate MUST** be attached if your child received Sacrament of Baptism.

Date of Baptism: Day*: Month*: Year*:

Place of Baptism*:

Name and address of the Church of Baptism.

Please include suburb, state or country of Baptism

SACRAMENT OF RECONCILIATION*:

Received in this Parish: Year:

Not received in this Parish:

A copy of the 1st Reconciliation Certificate **MUST** be attached if your child made their 1st Reconciliation.

SACRAMENT OF FIRST HOLY COMMUNION*:

Received in this Parish: Year:

Not received in this Parish:

A copy of your child's 1st Holy Communion Certificate **MUST** be attached if your child received First Holy Communion.

FAMILY INFORMATION

Father's/Guardian's Full Name*:

Religion:

Mother's/Guardian's Full Name*: Maiden*:

Religion:

Mail and Phone Contact *(Name and address of the preferred contact person for the student)*

Name*:

Address*:

Phone (Home): Mobile*:

Email Address*:

PARENTAL/GUARDIAN COMMITMENT:

As the first educator/s of my/our child, I/we would like to enrol our child for the Parish Religious Education Program and agree to fully support my/our child during the program.

Full Name*: (BLOCK LETTERS)

Parent's/Guardian's Signature*: Date:/...../20...

PARENTAL/GUARDIAN CONSENT: [Archdiocese's Safeguarding Policies and Procedures Form 13]

- 1. I give consent for **PHOTOGRAPHS & VIDEO** of my child to be only taken by an authorized person and for use within the Church community and for possible publication including displays and Parish webpage.
- 2. I give consent for my **CHILD'S NAME TO BE PRINTED** in the Parish Bulletin, sacramental booklet of the weekend of their receiving this sacrament and for possible publication including displays and Parish webpage.
- 3. It is important that we are aware of any **FOOD ALLERGIES** as we have doughnuts donated from doughnut King each week. Please List allergies and be aware of what your child takes to eat at our afternoon tea*.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- 4. Please list all **CARE GIVERS YOU PERMIT TO COLLECT YOUR CHILD**. It is a legal requirement that the child cannot be collected from PREP by anyone not on the list

Full Name: (BLOCK LETTERS)

Relation: Phone:

Full Name: (BLOCK LETTERS)

Relation: Phone:

- 5. In Cases of a **MEDICAL EMERGENCY**: In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that Parish of St Andrew, Clarkson therefore, will be not responsible for the costs of any medical or dental attention or treatment administered to my child in such an event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

I understand that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the following telephone numbers:

Mobile*: Medicare Card No. *:

IMPORTANT:

* This place must be filled.

I /We have read and understood the PARENTAL/GUARDIAN CONSENT.

Parent/Guardian Signed: Date:/...../20...

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The levy charged for Parish Religious Education Program is **\$30** per Family – This is to cover administration and stationary costs. The full amount of this levy is payable at enrolment. [Cash or cheque only]

**FORMS WILL NOT BE ACCEPTED
UNLESS ALL DETAILS ARE COMPLETED AND FEE PAID.**

Please return completed form with all relevant documents and levy to the **Parish Office** on **Enrolment Day**

St. Andrew's Parish Office

Ph: 9407 9815

Email: clarkson@perthcatholic.org.au

PREP Coordinator - Tammy Sparks

0447 441 720

tammysparks_prep@outlook.com

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Form 10 Parental consent



Parish name

This form is designed to be completed by a parent or carer of a child wishing to attend parish events. This form is valid for the duration of the child’s time at the parish and, in signing the form, a parent or carer is providing the parish with written consent for the child to attend the listed activities. We recognise that circumstances can change. Please inform the parish if there are any changes as soon as possible.

Name of activity:	Day and time activity
Parish Religious Education Class	Wednesdays; 4pm - 5pm

CHILD/YOUNG PERSON’S DETAILS

Full name

Address

Phone No. Email

Date of birth Age School

Does your child suffer from any allergies or phobias or have any medical conditions or disabilities?

Details of any medication (please ensure an adequate supply is brought to events, and given to one of the organisers).

Details of any dietary requirements

PARENT OR CARER'S DETAILS DURING EVENT (at least two numbers)

Name

Phone No. Mobile No.

IF PARENT OR CARER ISN'T AVAILABLE, PLEASE CONTACT (at least two numbers)

Name

Phone No. Mobile No.

FAMILY DOCTOR

Name

Phone No.

Address

Can your child take paracetamol (Panadol)?

Any other information you think the organisers should know?

CONSENT

I give consent for my child to take part in the listed activities.

I do / do not agree to any emergency treatment to be given, including emergency transport, as considered necessary.

NB: The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated to another. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.

I do / do not agree to photographs and short videos of activities including my child to be taken for use within the Church community and for possible publication, including newspaper or internet.

We recognise that circumstances / information changes. It is my responsibility as a parent/carer to make the organisers aware so that changes can be made to the existing form or a new form can be completed.

Name	<input type="text"/>	Relationship to child	<input type="text"/>
Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Signature	<input type="text"/>	Dated	<input type="text"/>