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

Birth Certificate sighted by …… Date sighted ……

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: _____

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

SACRAMENT OF CONFIRMATION*:

* Pre Sacramental year completed …….. Confirmation year:

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*.

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)

Phone:

Full Name: (BLOCK LETTERS)

Relation: Phone:

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 not be 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:

Please be advised that our main platform for communication is "WhatsApp". However, the parish may contact you via **EMAIL** and/or **MOBILE NUMBER**.

Mobile number for WhatsApp communications _____

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

Parent/Guardian Signed: _____ **Date** _____

+ +

The levy charged for Parish Religious Education Program is **$.....** per Family – This is to cover administration and stationary costs. The full amount of this levy is payable at enrolment. *[Cash 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 Parish
Ph: 9407 7512
e-mail:
prep.clarkson@perthcatholic.org.au

Form 10 Parental consent

This form is designed to be completed by a parent or guardian of a child wishing to attend parish events. This form is valid for 12 months and in signing the form a parent or guardian is providing the parish with written consent for their child to attend the listed activity. We recognise that circumstances can change. Please inform the parish if there are any changes as soon as possible.

Protecting Children in the Catholic Church

Parish	St Andrew's	Name of event	PREP
Date/s of event	From	To	
Name of organiser	St Andrew's Parish, Clarkson		
or Name of Activity	Parish Religious Education Program		
Day of recurring activity	Wednesday	Time of recurring activity	3.45pm _ 5pm

DETAILS OF CHILD/YOUNG PERSON

Name*

Address*

Date of Birth* MALE ☐ FEMALE ☐

Other relevant information: *(Please mention any medical conditions, special needs or dietary requirements.)* Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

PARENT/GUARDIAN CONTACT DETAILS

Full Name*

Daytime phone No. Mobile*

Email address*

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

Parent/Guardian Signed Date ……./……../20….

HEALTH FORM

Name of church group/event Parish Religious Education Program

Name of participant*

PERSONAL DETAILS

Name*

Address*

Date of birth* Phone Number/s

CONTACT FOR EMERGENCIES

CONTACT 1 - Parent/Guardian

Name | Relationship to child

Address

Tel Nos (work) (home) (other)

CONTACT 2 - Parent/Guardian

Name | Relationship to child

Address

Tel Nos (work) (home) (other)

DOCTOR'S DETAILS

Name | Phone Number/s

Address

Medicare card No. | No. on Card

Private Health Fund | Member No.

MEDICAL DETAILS

Does s/he suffer from any illness? **Y** ☐ **N** ☐ If yes, please state

When did s/he last have a tetanus vaccine?

Does s/he last have impaired hearing? impaired vision ☐ other disability ☐

Please specify

Any other information we should know?

I hereby declare that all the information provided are true and correct to my knowledge and I also 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.

Parent/Guardian Signed …… Date ……

(CONFIDENTIAL) *St Andrew's Catholic Parish, Clarkson*

PLEASE KEEP THIS DOCUMENT SECURELY ON FILE

Children's Liturgy Coordinator Full Name			
Date received	/ /20	Signed	
Address	St Andrew's Church, 60 Victorsen Parade, Clarkson, WA6030		