



SACRED HEART CONFIRMATION PROGRAMME

ENROLMENT FORM

Please **PRINT** clearly, fully and return to the Sacred Heart Parish Office at 13 Park Rd, Cabramatta

CHILD'S DETAIL:

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

CHILD'S SCHOOL: _____ CLASS: _____

BAPTISM DETAIL: Baptised at Sacred Heart Cabramatta year: _____

Baptised elsewhere (Please provide a copy of Baptism Certificate)

Reconciliation & Eucharist (Please provide a copy of
Certificate if not at Sacred Heart Parish)

PARENTS DETAILS:

MOTHER'S FULL NAME: _____ RELIGION: _____

FATHER'S FULL NAME: _____ RELIGION: _____

SIBLINGS: _____

HOME ADDRESS: _____

CONTACT PHONE: _____

PREFERRED SESSION: SATURDAY 5PM SUNDAY 9AM

I hereby give permission for my child to have their photo taken by the official photographer at the Sacred Heart Cabramatta Confirmation and for photos featuring them to be distributed among other families involved in these ceremonies. I also agree that such photos may be used for news or promotional purposes by the Parish, the Archdiocese of Sydney and/or Sacred Heart Primary School, Cabramatta

I have attached a copy of my child's Baptism Certificate / Reconciliation & Eucharist
(if baptised at a parish other than Sacred Heart)

Parent Signature:

Date: