

## ST CARTHAGE'S CATHEDRAL SACRAMENTAL PROGRAM - PARISH ENROLMENT FORM



Dear Parents/Carers, the Sacramental Program follows this sequence:

1. Sacrament of Confirmation (**Year 2**, Term 2)
2. Sacrament of Reconciliation (**Year 3**, Term 1)
3. Sacrament of the Eucharist (**Year 3**, Term 3)

You can enrol your child/ren for **all 3** Sacraments on this enrolment form. **Note:** *Children in years 3-6 may be enrolled in any of these three Sacraments.*

Please tick the box/es below to indicate the Sacraments for which you would like your child to be enrolled. (eg. If your child is in Year 2, you would tick all three boxes).

Sacrament of <b>Confirmation</b>	Sacrament of <b>Reconciliation</b>	Sacrament of <b>Eucharist</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Unless advised otherwise the information you provide will be used for all 3 Sacraments**

**Child's full Name:** \_\_\_\_\_

My child is **currently** in Year (e.g 2KI or 3MT) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Baptised: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ Parish: \_\_\_\_\_

**(This box is for the Sacrament of Confirmation only. Families will have an opportunity to update this information at the Confirmation information session for parents.)**

Name of Sponsor: (Must be Catholic) \_\_\_\_\_

Name taken for Confirmation (optional): \_\_\_\_\_

Please see the other side of this form.

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## PARENTAL AUTHORITY RE SACRAMENTS

### Only complete this box if relevant:

A copy of any Court Orders concerning residential arrangements for the Candidate, time spent by the Candidate with either parent, all parenting issues must be supplied with this Enrolment Form.

Are there such Orders? (Tick one) YES/NO

Has a copy of every Order been attached to this Enrolment Form? (Tick one) YES/NO/NA

☐ Proof of Parent's identity sighted.....

Priest/Deacon/Coordinator

### Both parents need to authorize the reception of these Sacraments.

*I hereby give my consent for my child to be admitted to the Sacraments of the Catholic Church as indicated.*

**Father's/Guardian Full Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Mother's/Guardian full Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

Married? Yes / No Place of Marriage \_\_\_\_\_ Maiden Name \_\_\_\_\_

Father's signature.....Date.....

Mother's signature.....Date.....

- ***Please return to the School Office by February 14***
- ***Please note: Copies of Baptismal Certificates need to be provided to the school prior to reception of these Sacraments unless your child was either Baptised in the Cathedral Parish or you provided this Certificate to St Carthage's school during enrolment. If this is not the case please provide a copy as soon as possible for Parish and school records. You may need to contact the Parish where your child was baptised. Thank you.***