

Registration Form for Our Lady of the Pines Catechist Classes Website Version - Please remember to sign all sections of the page and return to the Parish Office as soon as possible.

Parents/Guardians promise of Commitment

We/Iare aware of the importance of our child receiving the Sacrament of We/I promise to support our child along their journey of faith by committing to attend each part of the process of our child's preparation for this sacrament which includes Mass attendance. I/We also commit to my/our child attending all classes for the full 45 minute duration.

Signature :

Date:

Sacrament : Please confirm which Sacrament to be completed and if applicable, dates with which other sacraments were completed. (where other sacraments have been completed, please provide a copy of the certificate)

Reconciliation :

First Communion :

Confirmation :

Students Details

Student's Full Name

Name of School

Current Grade

Date of Birth

Parents Details

Mothers Name

Day Time Contact Number

Fathers Name

Daytime Contact Number

Email Address

Address

Street Address Line 1

Street Address Line 2

City

State

Postcode

Does your child have any learning difficulties we should be aware of

If Yes please give brief details

Baptism Information

Where was baptism held:

Date of Baptism:

Please provide a copy of the Certificate

Permission

We/I hereby give permission for my child

to attend the Catechist Classes at Our Lady of the Pines Church, Donvale. In the event of any illness or accident I give permission for the obtaining on my behalf of any medical assistance as my child may require in accordance with medical advice. Any such cost will be borne by me/us.

Parent /Guardian Signature

Date

Payment Details

In order to cover the cost of Sacramental preparation, including expenses such as the Certificates, Medals, Workshops etc, we will require a payment of \$120.00 per child. Please ensure this payment is made to the Parish Office at the time of registration. Only once payment is received can registration be confirmed. Thank You.

Please find attached payment for my child:

To cover expenses for the sacrament of :

Type of Payment

Name on Card

Card Type: (Mastercard or Visa Only)

Card Number

Expiry Date

Amount

Signature

FOR OFFICE USE ONLY

Date Submitted

Age at time of Application

Date Paid

Method of Payment