



OUR LADY OF THE PINES PARISH, DONVALE REGISTRATION FOR THE SACRAMENT OF RECONCILIATION 2025



I wish to register my child for the sacrament of Reconciliation. I am aware of the importance of my child receiving this sacrament and promise to support them along their faith journey by committing that they will attend each part of the process of their preparation. This includes my child attending 8 consecutive afterschool classes of 45 minutes duration as well as Mass attendance.

Name of Mother: _____ Signature: _____

Name of Father: _____ Signature: _____

Date: _____

BAPTISM DETAILS

Please provide your child's baptism details:

DATE OF BAPTISM: _____ PARISH WHERE BAPTISED: _____

Please attach a copy of the Baptism Certificate.

STUDENT'S DETAILS

SURNAME:	
FIRSTNAME:	M / F (please circle)
DATE OF BIRTH:	
SCHOOL CURRENTLY ATTENDING:	
CURRENT GRADE:	

Does your child have any learning difficulties which would be helpful for us to be aware of? YES / NO

If YES, please provide brief details:

PARENT'S DETAILS	FATHER	MOTHER
SURNAME:		
FIRSTNAME:		
PHONE NO.		
EMAIL ADDRESS:		
STREET ADDRESS:		
SUBURB:		
POSTCODE:		

PERMISSION TO OBTAIN MEDICAL ASSISTANCE

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance as my child may require, the cost of which will be borne by myself.

Name of Parent : _____ Signature: _____

PAYMENT DETAILS

In order to cover the cost of sacramental preparation, including expenses such as the certificates, medals, workshops etc. we require a payment of \$150.00 per child per Sacrament. Registration will be confirmed once payment has been made. Thank You.

Please enter your payment details below:

Name of Child:	
Name of Sacrament:	
Card Type: (Please circle)	Mastercard / Visa Only
Name on Card:	
Card Number:	
Expiry Date:	
Amount:	\$
Signature of Cardholder:	

Please email your completed form to donvale@cam.org.au or post it to Our Lady of the Pines Parish, 77 Carbine Street, Donvale, 3111.

FOR OFFICE USE ONLY:

DATE SUBMITTED:	
AGE AT TIME OF APPLICATION:	
DATE PAID:	
METHOD OF PAYMENT:	