

NAME		RECONCILIATION <input type="checkbox"/>	EUCCHARIST <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/>
Office use	BAPTISM CERTIFICATE	WORKSHOP <input type="checkbox"/> RETREAT <input type="checkbox"/>	WORKSHOP <input type="checkbox"/> RETREAT <input type="checkbox"/>	WORKSHOP <input type="checkbox"/> RETREAT <input type="checkbox"/>
	FEE PAID	\$	BOOKLET	BOOKLET
DC Statement	Forms 10 12 13	Welcome Pack	REGISTERED	DATABASE
				ADVISED PARISH

CHI RHO ENROLMENT FORM

PLEASE PRINT IN BLOCK LETTERS



CHILDS SURNAME	
FIRST NAME'S	
DATE OF BIRTH	
MALE/FEMALE	
SCHOOL ATTENDING	
YEAR LEVEL	

SACRAMENTS RECEIVED:	PARISH	YEAR
BAPTISM		
RECONCILIATION		
EUCCHARIST		
CONFIRMATION		

DO YOU WISH YOUR CHILD TO BE PREPARED FOR ANY SACRAMENT THIS YEAR?

YES **NO**

SACRAMENT: RECONCILIATION EUCCHARIST CONFIRMATION

A COPY OF THE CERTIFICATE OF BAPTISM IS REQUIRED UPON ENROLMENT

SACRAMENT FEE BOOKS & MATERIALS \$50

Fee may be paid in cash at the parish office or by bank transfer to:

SFX Armadale Parish BSB 086-006 ACCOUNT 670197818 REF Your Surname Chi Rho

Does your child have any physical, educational, or medical needs? YES / NO

Please provide details

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

FAMILY DETAILS

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FAMILY NAME	
STREET ADDRESS	
SUBURB	
POSTCODE	
TELEPHONE	
HOME	
MOBILE	
EMERGENCY NAME	
CONTACT NUMBER	
EMAIL	

Information will be sent via email, please notify the co-ordinator as soon as possible of any change to phone or email details.

MOTHER'S FULL NAME	
MOTHER'S MAIDEN NAME	
RELIGION	
FATHER'S FULL NAME	
RELIGION	

I/We the parent(s)/guardian(s) of _____

In the event that I am not / we are not contactable authorise my/our child to receive any medical or dental attention should it be required.

Signed _____

Signed _____

Date _____

