

NAME							
OFFICE USE		BAPTISM CERTIFICATE			BIRTH CERTIFICATE		
STAFF		FEE PAID	\$	SG Forms 10 12 13	Date	Welcome Pack DC Statement	Registered



CHI RHO (TEENS) ENROLMENT FORM

PLEASE PRINT IN BLOCK LETTERS & COMPLETE BOTH SIDES OF THIS FORM

SURNAME OF CANDIDATE	
FIRST NAMES	
DATE OF BIRTH	
PLACE OF BIRTH	
MALE/FEMALE	
SCHOOL ATTENDING	
YEAR LEVEL	

SACRAMENTS RECEIVED:	PARISH	YEAR
BAPTISM		
RECONCILIATION		
EUCCHARIST		
CONFIRMATION		

TO BE PROVIDED BEFORE COMPLETION OF THE PROGRAM (If not yet known please leave blank)

CONFIRMATION NAME	
CATHOLIC SPONSORS NAME FOR CONFIRMATION	

IF BAPTISED A COPY OF THE CERTIFICATE IS REQUIRED UPON ENROLMENT

FEE FOR 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
<i>Please provide details</i>	

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

FAMILY DETAILS

PLEASE PRINT IN BLOCK LETTERS

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 _____