

Office Use	NAME:				BAPTISM <input type="checkbox"/>	RECONCILIATION <input type="checkbox"/>
INTAKE 1 OR 2	FEE PAID \$	BIRTH CERTIFICATE	WELCOME PACK	REGISTERED	DATABASE	RETREAT <input type="checkbox"/> WORKSHOP <input type="checkbox"/>

PARISH OFFICE 93992143

BAPTISM FOR SCHOOL-AGED CHILDREN



PLEASE PRINT CLEARLY IN BLOCK LETTERS

CHILDS SURNAME					
FIRST NAME					
HOME ADDRESS					
DATE OF BIRTH				MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
SCHOOL ATTENDING				YEAR LEVEL	
PARENT EMAIL ADDRESS					
MOTHERS FULL NAME				MOBILE	
MOTHERS MAIDEN NAME					
FATHERS FULL NAME				MOBILE	
PARENTS RELIGION	MOTHER		FATHER		

SACRAMENT:	BAPTISM <input type="checkbox"/>	RECONCILIATION <input type="checkbox"/>	(*If eligible)
COPY OF BIRTH CERTIFICATE IS REQUIRED			

DETAILS OF GODPARENTS/CHRISTIAN WITNESSES (at least one Godparent must be Catholic)

Full Names	Religion

FEE FOR BOOKS & MATERIALS BAPTISM \$10 RECONCILIATION \$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>	

I the parent/guardian of _____

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

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

* Reconciliation – Children must be 8-11 years old and enrol in Intake 1 (February) to be eligible to receive a second Sacrament.
Classes continue until the end of term 3.



PARENT / CARER CONSENT FORM



This form is to be completed by a parent or carer of a child/ren or young person (under 18 years) wishing to attend parish/agency activities or events.

It is to be used when a child or young person first joins the parish/agency and is valid for the duration of their time at the parish/agency. If circumstances change, it is the responsibility of the parent/carers to notify the parish or agency as soon as possible.

A Parent/Carer Consent Form is NOT required for Children's Liturgy (held during Mass) as parents are present in Mass.

I give consent for	Child (1) Full name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			
	Child (2) Full name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			
	Child (3) Full name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			

Please tick:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	to attend the activities/events listed below.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand my child/ren may be photographed or filmed during Church activities/events and I consent to the use of such material within the Church community for promotional purposes only.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child/ren to engage in online forums in accordance with the Safeguarding Guidelines.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In an emergency, I give permission for medical assistance, including transport if necessary, and agree to pay for any expenses incurred.

Name of Activity/Event: _____

PARENT/CARER

Surname		First name	
Address			
Phone number/s			
Email			

SIGN		DATE	
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ADDITIONAL PARENT/CARER or EMERGENCY CONTACT

Surname		First name	
Address			
Phone number/s			
Email			

RETAIN AT PARISH/AGENCY