

NAME		RECONCILIATION <input type="checkbox"/>	EUCARIST <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	BOOKLET
DC Statement	Parent/Carer Consent Form	Welcome Pack	REGISTERED	DATABASE
				ADVISED PARISH

# CHI RHO ENROLMENT FORM



PLEASE PRINT CLEARLY IN BLOCK LETTERS

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

SACRAMENTS RECEIVED:	PARISH	YEAR
BAPTISM		
RECONCILIATION		
EUCARIST		
CONFIRMATION		

**WHAT SACRAMENT WOULD YOU LIKE YOUR CHILD TO BE PREPARED FOR THIS YEAR?**

<b>SACRAMENT:</b>	RECONCILIATION <input type="checkbox"/>	EUCARIST <input type="checkbox"/>	CONFIRMATION <input type="checkbox"/>
<b>A COPY OF THE CERTIFICATE OF BAPTISM IS REQUIRED UPON ENROLMENT</b>			

**SACRAMENT FEE BOOKS & MATERIALS \$50 ADDITIONAL SACRAMENT \$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**

<b>Does your child have any physical, educational, or medical needs?</b>	<b>YES / NO</b>
<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** \_\_\_\_\_



# 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/carer 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:		
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## PARENT/CARER

Surname		First name	
Address			
Phone number/s			
Email			

<b>SIGN</b>		<b>DATE</b>	
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## ADDITIONAL PARENT/CARER or EMERGENCY CONTACT

Surname		First name	
Address			
Phone number/s			
Email			

## RETAIN AT PARISH/AGENCY