

CHILDREN'S LITURGY

ST FRANCIS XAVIER PARISH
 279 FORREST ROAD
 HILBERT WA 6112

PARISH OFFICE: 9399 2143

**CHILDREN'S LITURGY**

PLEASE WRITE NEATLY IN BLOCK LETTERS

CHILDS SURNAME		
FIRST NAME		
DATE OF BIRTH		
SCHOOL ATTENDING		YEAR LEVEL
DATE COMMENCED <small>OFFICE USE</small>		DATE LEFT

MOTHERS FULL NAME		
FATHERS FULL NAME		
STREET ADDRESS		
SUBURB		POSTCODE
EMAIL		
MOBILE MOTHER		CATHOLIC Yes/No <small>please circle</small>
MOBILE FATHER		CATHOLIC Yes/No
EMERGENCY NAME		
CONTACT NUMBER		

Does your child/children 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 / we are not contactable authorise my/our child to receive any medical or dental attention should it be required.

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

OFFICE USE ONLY	
SG Parent Consent	
Database	
Email list	
Visit-us	

Information will be sent via email, please notify the parish office as soon as possible to any change to phone or email details.