



After-School Sacramental Program Registration Form, 2021

Student Information

Full Name

(as it will appear on their certificate) _____

Date of Birth

Age

School Attending

Sacrament Requested

Reconciliation / First Eucharist / Confirmation

Sacraments already received

Date Received:

Baptism

Baptism Certificate supplied

Reconciliation

First Eucharist

Parent Contact Information

Mothers Name

Mobile:

Fathers Name

Mobile:

Home Address

Email Address

Volunteer

Agreement

I *(parent's name)*

give permission for my child, *(child's name)*

, to attend the After School RE Program conducted by
Leschenault Catholic Parish.

Signed

Date

**Please complete this form, and return by email to
admin@leschenaultcatholicparish.org.au**