



## 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.com.au**