



MARY, QUEEN OF THE FAMILY PARISH, BLACKTOWN

SACRAMENTS OF INITIATION - ENROLMENT FORM

Your privacy is respected; however it would assist us in the process of preparation if you would please supply the following information.

PLEASE PRINT

Child's Name: Christian name _____ Surname _____

Male Female

Child's Date of Birth: _____

Father's Name: _____ Religion _____

Mother's Name: _____

Mother's Maiden Name: _____ Religion _____

Guardian's Name [if applicable] _____ Religion _____

Child's Home Address: _____

Contact Phone Numbers: Home No: _____ Mobile No: _____

Father's Work No: _____ Mother's Work No: _____

Email Address: _____

School: _____

Year: _____ Class: _____

Which sacraments has your child **RECEIVED** already? [Please place a tick in the appropriate box/boxes]

Baptism: Penance [Reconciliation/Confession]: Confirmation: First Eucharist:

Date of Baptism: _____ Name of Parish: _____

Suburb/Town/State: _____

Country [if not Australia] _____

Please attach a copy of the Baptismal Certificate to this form. Thank you.

Does your child have any special learning needs that we can assist with? _____

Please contact us should you need to discuss this further.

Please be aware that photos may be taken during the Sacramental process to be used on the parishes Media platforms. If you have any objections please contact the Sacramental Coordinators.

We'll intend to help prepare our/my child for the sacraments and take an active role in the Sacramental Process.
(Where appropriate, preferably both parents/guardians sign)

Signature of Parent[s]/Guardian: _____

**You can bring or post this form to the office (address below) or email to
sacraments@mqofblacktown.org.au**