



2024 SACRAMENTAL PROGRAM ENROLMENT FORM

*To be eligible to receive the Sacraments of Reconciliation, Confirmation and Holy Communion
your child must be baptised in the Catholic Church, be in Year 3 or older and attend Mass in Singleton Parish*

CHILD'S DETAILS (PLEASE COMPLETE IN BLOCK LETTERS)	
SURNAME: _____	ALL GIVEN NAMES: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____ M/F: _____
DATE OF BAPTISM: _____	PLACE OF BAPTISM: _____
<i>(IF NOT BAPTISED IN BRANXTON OR SINGLETON PLEASE SUPPLY A COPY OF BAPTISM CERTIFICATE)</i>	
SCHOOL: _____	YEAR: _____ AGE NOW: _____
CONFIRMATION NAME: _____ <i>(SAINT OR BIBLICAL NAME)</i>	SPONSORS NAME: _____ <i>(MUST BE A CATHOLIC OVER 16 YEARS & NOT THE PARENT)</i>

FATHER'S SURNAME		DATE OF BIRTH:	RELIGION:
FATHER'S GIVEN NAMES			DATE & PLACE OF BAPTISM:
MOTHER'S SURNAME		DATE OF BIRTH:	RELIGION:
MOTHER'S GIVEN NAMES			DATE & PLACE OF BAPTISM:
MOTHER'S MAIDEN NAME			
RESIDENTIAL ADDRESS			
PHONE		EMAIL	

- I/WE AGREE to our child receiving the sacraments of initiation as per "Becoming Disciples" Diocesan policy we have received.
 I/WE UNDERSTAND that I need to attend formation sessions and mass with my child.
 I/WE CONFIRM that I/we have received a copy of the Diocese of Maitland-Newcastle Commitment Statement for Safeguarding.
 I/WE DO NOT AGREE to have our child's name photo published on the Parish social media and website.
 I/WE DO NOT AGREE to have our child's name published in the Bulletin for community prayer when they receive the Sacraments.

Signed: _____ Date: _____

Please see the Sacramental Program Information Pack for detail of the Parishes of the Diocese of Maitland-Newcastle Collection Notice

Office Use:	
ENROLMENT FEE PAID ON: _____	PAYMENT METHOD: _____
RECONCILIATION DATE: _____	CONFIRMATION DATE: _____
CONFIRMATION CHURCH: _____	CONFIRMED BY: _____
PARISH REGISTER NO: _____	ENTERED IN REGISTER: _____ ENTERED IN PADRE: _____
STAFF NAME: _____	OUTSIDE PARISH NOTIFICATION SENT: _____
HOLY COMMUNION DATE: _____	CHURCH: _____