



# Noarlunga-Seafood Catholic Parish

## Sacrament Program

*Please complete the form below and return it to Kate Turner, Acting APRIM, All Saints Catholic Primary School, indicating which of the Sacraments of Initiation you would like your child/children to celebrate.*

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Age in Years and Months: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Family Religion: \_\_\_\_\_

Email: \_\_\_\_\_

Work No: \_\_\_\_\_ Home No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has already been Baptised Yes  No

Religion Baptised: \_\_\_\_\_

If Yes, What year? \_\_\_\_\_ Church: \_\_\_\_\_

I am interested in having more information about Baptism for my child.  
Yes  No

My child would like to enrol for the Sacraments of:

First Reconciliation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Holy Communion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confirmation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please return this form to the All Saints school office