



ST. BRENDAN'S PARISH

121 KNIGHT STREET, SHEPPARTON. 3630

PHONE : 5821 2633 ABN: 20 639 800 307

Email address: shepparton@cdos.org.au

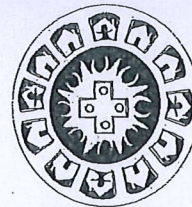
Website: www.sheppartoncatholic.org.au

Facebook Page: <https://www.facebook.com/sheppartoncatholic>

Parish Priest: Fr Joe Taylor

Deacon: Rev Francois Baguma

Priest in Residence: Fr Varghese Vithayathil



Christ in community...the
heart of our faith

2021 Children's Sacramental Program Enrolment Form

Please PRINT clearly and complete all sections. One form per Child. Cost is \$90.00 per child.

CHILD'S DETAILS:

Child's Full Name: _____ Male Female

Child's Date of Birth: ____/____/____ Age: ____ Place of Birth: _____

Child's School: _____ Year Level _____

BAPTISM DETAILS:

Has your child been baptised? Yes No Date of baptism: ____/____/____

Was the baptism in a Catholic Church? Yes No Was the baptism in the Syro Malabar Rite? Yes No

If your child was NOT baptised at St. Brendan's Parish, Shepparton please provide a copy of their baptism certificate with this enrolment form and complete the following –

Place of Baptism: _____
(include name of Church and Town)

SACRAMENTS CELEBRATED:

Has your Child celebrated any of the following Sacraments? If Yes, please provide the date below and a copy of their Certificate/s

☐ Reconciliation on ____/____/____ ☐ Confirmation on ____/____/____ ☐ Eucharist on ____/____/____

PARENT'S DETAILS

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____ Parent's Marital Status: _____

Child's Home Address: _____

CONTACT DETAILS

Primary Contact Person: _____

Relationship to Child: _____ Phone No.: _____

Email will be the primary form of communication – Please write your email address clearly:

Please complete over the page.

Are there any special circumstances that you wish to share to assist us in supporting your child and family during the Sacramental Program? All information will be strictly confidential.

WORKSHOPS -Preparation for each Sacrament

During the Sacramental Program, your child with a parent will need to attend six workshops. The venue, day and time of workshops will be finalised once enrolments close. For planning purposes please indicate below your ideal first and second preference with the number 1 and 2.

SUNDAY	MONDAY	TUESDAY
4.30-5.30pm	5.00-6.00pm	5.00-6.00pm
5.00-6.00pm	5.30-6.30pm	5.30-6.30pm
5.30-6.30pm	6.30-7.30pm	6.30-7.30pm
6.00-7.00pm	7.00-8.00pm	7.00-8.00pm

SACRAMENT OF RECONCILIATION

Your child will celebrate their First Reconciliation on either Saturday 22nd or Saturday 29th May *between* 9.30am and 10.30am. Further information will be provided at a later date.

Please indicate which Saturday morning you will present your child for their First Reconciliation.

22nd May *between* 9.30-10.30am

☐

OR

29th May *between* 9.30am-10.30am

☐

CONSENT

Information gathered on this form is treated with confidentiality and in accordance with the Sandhurst Diocese Privacy Policy which is available at www.sandhurst.catholic.org.au or on request from the Parish Office.

Do you give permission for your child to be photographed or filmed during the Parish Sacramental Program? These images will be used exclusively by the Parish and/or Diocese of Sandhurst for Parish Bulletin, Facebook, Parish Website, Sandpiper and/or displays in the Church. No personal information such as names will be used in any publication unless express consent is given. You may withdraw your consent at any time in writing to St. Brendan's Parish, 121 Knight Street, Shepparton or by email sacramental.coord@bigpond.com **Yes** **No**

I have read, signed and attached a copy of the Child Safe Code of Conduct by St. Brendan's Catholic church Shepparton.

I have provided a copy of my Child's Baptism. Only if your child was **NOT** baptised at St. Brendan's.

I have attached confirmation of payment. Cost is \$90.00 per child and is paid by Electronic Funds Transfer prior to lodging this enrolment form. The bank details are -

St. Brendan's Parish General Account.

BSB 083 543 Account No. 48359 3006. Please use SAC then your child's surname as reference.

As the primary carer I understand that the decision to enrol my child in the Sacramental program indicates a commitment and willingness to participate fully in this faith journey with my child.

Signature of prime contact: _____

Please return fully completed enrolment form and all other required documents to the Parish Office located behind the Church. Office Hours are Monday to Friday 9am to 2pm or you can "post" the paperwork through the mail slot located near the office window. Enrolments must be received **no later than Friday 21st March 2021.**