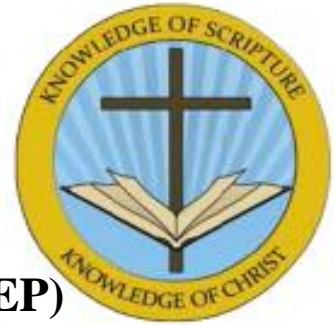


St. Jerome's Catholic Parish

36 Troode Street, Lake Coogee 6163
Tel: (08) 94181229 Website: www.stjeromesparish.org



Parish Religious Education Programme (PREP) ENROLMENT FORM

ONE FORM FOR PER CHILD

Please use the **BLOCK LETTERS** when completing the form

FAMILY NAME: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ SCHOOL: _____ CLASS: _____

HOME ADDRESS: _____ SUBURB: _____

FATHER'S NAME: _____

RELIGION: _____ PARISH: _____

ADDRESS: _____ SUBURB: _____

MOBILE NO: _____ HOME NO: _____

EMAIL ADDRESS: _____

MOTHRE'S NAME: _____ MAIDEN NAME: _____

RELIGION: _____ PARISH: _____

ADDRESS: _____ SUBURB: _____

MOBILE NO: _____ HOME NO: _____

EMAIL ADDRESS: _____

ARE YOU REGISTERED MEMBERS OF ST. JEROME'S PARISH: YES _____ NO _____

If not, do you wish to register? YES / NO. By circling "YES" we will email you parish registration form.

Are you registered at another Parish? _____

SACRAMENTS REQUESTED: FIRST RECONCILIATION FIRST EUCHARIST
 PRE-CONFIRMATION CONFIRMATION

SACRAMENTS RECEIVED (*Please provide a copy of the certificate*)

BAPTISM (*place and date*): _____

FIRST RECONCILIATION (*Please and Year*): _____

FIRST EUCHARIST (*Place and Year*): _____

ANY PHYSICAL AND MEDICAL CONDITION THAT WE NEED TO BE AWARE OF

EMERGENCY CONTACT NAME AND NUMBER

PLEASE LIST NAMES AND CONTACT NUMBERS OF AUTHORISED PEOPLE WHO MAY COLLECT YOUR CHILDREN AFTER CLASS:

CONSENT AND AGREEMENT:

- We support our child to learn to pray, believe and give opportunity to experience belonging to a parish faith community, in particular, to celebrate Sunday Mass with the community as part of preparation for the Sacrament.
- We are committed to the faith formation of our child by encouraging them to participate in the preparation for the Sacrament
- We agree to journey with our child by attending all the necessary requirements (such as classes, parent and child workshop, retreat) as and when required.
- **I/we are uncontactable, authorize my/our child(ren) to receive any emergency medical or dental attention should it be required.**
- We consent to our child’s name and photograph being published in the Parish **YES / NO**

Please Note: Information collected here will be used for the parish records, pastoral care of the students and their families and general parish purposes. The Parish will not disclose your information to any third party.

Father’s Signature and date

OR

Mother’s Signature and date

Please read and sign the DUTY OF CARE and submit along with the enrolment form

If you have any queries please contact Fr. Vijay D’Souza, CRS or Mrs. Soly Fernandez 0423168764

Office use only

Paid/ Receipt No: _____ *Date of submission* _____