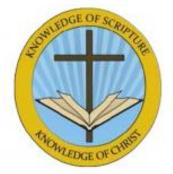
St. Jerome's Catholic Parish

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



ENROLMENT FORM FOR THE SACRAMENT OF CONFIRMATION

ONE FORM FOR PER CHILD

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

		CLASS:	
		SUBURB:	
FATHER'S NAME:			
ADDRESS:	S	UBURB:	
MOBILE NO:	HOME NO:		
EMAIL ADDRESS:			
MOTHRE'S NAME:	MAIDI	EN NAME:	
RELIGION:	PARISH :		
ADDRESS :		SUBURB:	
MOBILE NO:	HOME NO:		
EMAIL ADDRESS:			
ARE YOU REGISTERED MEMBERS OF ST. JEROME'S CHURCH: YESNO			
If not, do you wish to register? YES / NO. By circling "YES" we will email you parish registration forms.			
Are you registered at another Parish?			

SACRAMENTS RECEIVED (Please provide a copy of the certificate)			
BAPTISM (date and place):			
FIRST RECONCILIATION (year and	d place):		
FIRST HOLY COMMUNION (year o	und place):		
CONSENT AND AGREEMENT:			
		ortunity to experience belonging to a parish th the community as part of preparation for	
	formation of our child by enco	ouraging to participate in the preparation for	
 We agree to journey with our of and child workshops, retreat) a We consent to my child's name 	as and when required.	essary requirements (such as classes, parent shed in the Parish YES / NO	
Please Note: Information collected her	e will be used for the parish	records, pastoral care of the students and	
their families and general parish purpo	oses. The Parish will not disc	lose your information to any third party.	
Father's Signature	OR	Mother's Signature	
The fee to cover the expenses related etc) will be \$30 per student or \$50 per child(ren)'s SACRAMENTS. Please of	r family. Do not allow the co	, , , , , , , , , , , , , , , , , , , ,	
Children attending ST. JEROME'S C	CATHOLIC PRIMARY SC	HOOL must return the completed form,	
and fee to the school no later than 26	th February 2021. All other	er children must return the completed form	
with the Baptism Certificate to the Paris	sh Office during the office ho	ars.	
If you have any queries please contact F	⁷ r. Vijay D'Souza, CRS or Mi	rs. Carol Hoare	
Office use only			
Paid/ Receipt No:	Date of subm	ission	