St. Jerome's Catholic Parish

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

ENROLMENT FORM FOR FIRST RECONCILATION

ONE FORM FOR PER CHILD

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

	SCHOOL:		
HOME ADDRESS:	SUBURB:		
FATHER'S NAME:			
	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 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):			
CONSENT AND AGREEMENT:			
 faith community, in particular the Sacrament. We are committed to the faith the Sacrament We agree to journey with our and child workshop, retreat) a 	r, to celebrate Sunday Mass wi formation of our child by enco	ortunity to experience belonging to a parish th the community as part of preparation for buraging to participate in the preparation for essary requirements (such as classes, parent shed in the Parish YES / NO	
Please Note: Information collected he	ere will be used for the parish	records, pastoral care of the students and	
their families and general parish purp		lose your information to any third party.	
Father's Signature	OR	Mother's Signature	
-	amily. Do not allow the cost	rs, Workshops, Retreat Day, Flowers, etc) to be a barrier against your child(ren)'s	
Children attending ST. JEROME'S	CATHOLIC PRIMARY SC	HOOL must return the completed form,	
and fee to the school no later than 2	6 th February 2021. All oth	er children must return the completed form	
with the Baptism Certificate to the Par	ish Office during the office ho	urs.	
If you have any queries please contact	Fr. Vijay D'Souza, CRS or Mi	rs. Carol Hoare	
Office use only Paid/ Receipt No:	Date of subm	vission	