



Catholic Parish of Applecross
St Benedict's Church

115 Ardross Street, Ardross WA 6153
Tel: 09 9364 1120

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SACRAMENTAL ENROLMENT FORM 2018

For Office use, only –

Checklist: Copy of Baptism Sacrament Fee Paid Safeguarding Forms

Please use **BLOCK LETTERS** when completing this application

<p>Student Details:</p> <p>Surname: _____ Name: _____</p> <p>Student Address: _____ Postcode: _____</p> <p>Date of Birth: _____ Class Year at School: _____</p> <p>School Name: _____</p>
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PREPARING FOR SACRAMENT OF:

Reconciliation: []

Eucharist: []

Confirmation: []

<p>Father's Details</p> <p>Surname: _____ Name: _____</p> <p>Address: / (as above) _____ Postcode: _____</p> <p>Religion: _____ Parish: / (as above) _____</p> <p>Mobile: _____ Home Phone: / (as above) _____</p> <p>Email: (IN BLOCK LETTERS) _____</p>
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<p>Mother's Details</p> <p>Surname: _____ Name: _____</p> <p>Maiden Name: _____</p> <p>Address: / (as above) _____ Postcode: _____</p> <p>Religion: _____ Parish: / (as above) _____</p> <p>Mobile: _____ Home Phone: / (as above) _____</p> <p>Email: (IN BLOCK LETTERS) _____</p>
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Please list the Sacraments the student has received.

Baptism: Date/Month/Year _____ Parish _____

Reconciliation: Year _____ Parish _____

First Eucharist: Year _____ Parish _____

PARISH DETAILS:

Parish Currently Attending: _____

Parish Priest: _____

Please list any Physical, Medical or Educational problems we need to be aware of:

Emergency Contact – Name: _____ Phone: _____

Consent & Agreement

I/We being the parent/guardian of give our consent and support to the following:

- Emergency medical attention (if we are not contactable) Yes No
- Consent for our child to be photographed Yes No
- We have read and understood the Duty of Care Statement Yes No

I/We, the undersigned, fully support the importance of the Sacrament which is being undertaken. I/We will ensure we are punctual to class each week and will actively participate in each session. We will attend the Commitment Mass, Sacrament Workshop and Rehearsal prior to the celebration of the Sacrament.

Father's Signature

or

Mother's Signature

Child's Signature

Date _____

OFFICE TO COMPLETE:

PAID

DATE

\$40.00 per child

____/____/____

\$75.00 per family (Years: _____)

____/____/____

DUTY OF CARE

Applecross Parish has a duty of care to children attending the after school Parish Religious Education Programme. Your child/ren are in the care of responsible adults who have a 'Working with Children Card'. Our parish catechists are dedicated volunteers who also have family or other commitments after classes. We therefore, thank you in anticipation of your support and co-operation.

Your child/ren's safety and wellbeing are most important and we seek your support and co-operation.

- Classes are held during school terms on Wednesday afternoons from 4pm –5pm.
- All children must be dropped off and picked up within these times. Should your child arrive before 3.45pm and there is no catechist to supervise, it is your responsibility to supervise your child until such time as a catechist arrives. The child must stay with you during this time.
- It is the parent's responsibility to drop off and pick up their child/children; if you are delayed in picking up your child, then you should make alternative arrangements.
- In cases of emergency contact Colleen the Parish Secretary on 9364 1120.
- Your child/ren's photo may be taken at special events or in the classroom and this could be used on the Parish website, displayed on Parish notice boards or newsletter. Please indicate if you do not wish for this to happen. **Yes / No**

It is your responsibility to ensure that your child attends classes. If your child is unable to attend then you should contact the Parish Secretary.

Catholic College parents please sign this also as your child/ren will be involved in rehearsals. I/we have read and understood the above.

Fr Nelson Po
Parish Priest

Rosa Ranieri
Parish Sacramental Coordinator

I/We the undersigned have read and understood the Duty of Care statement

Name: _____

Signature: _____ Date: _____

COLLECTION NOTICE

All information collected by Applecross Parish, Ardross, Western Australia is treated **CONFIDENTIALLY** and will not be used for any other purpose but Parish needs.

The primary purpose of collecting this information is to enable the Parish to administer the sacraments and pastoral care to the students. Information may be required to allow the Parish to meet some of the legal obligations, provide care for the child/ren while under supervision and discharge its duty of care.

It will be used for the purpose of ongoing planning, communication with Coordinators, Catechists, Teachers and Parish Priest, and for granting of certificates.

This information is given to:

- Coordinators to check for correctness when updating the database
- The Church office as general statistics for annual update

Parents or guardians may seek access to personal information collected about them and their son/daughter by contacting the Parish.

The Parish will not disclose your information to any third party.