

St Gerard Majella 146 Maundrell Terrace Chermside West

St Paschal Baylon 30 Warraba Avenue Wavell Heights

APPLICATION FOR SACRAMENTAL PREPARATION 2024/2025

Child's Christian Name	es: First Middle	
Child's Surname:	Preferred First Name:	
Child's Date of Birth:	/ Place Sex: Mal	e / Female
Baptism	Has your child been baptised in a Catholic or Yes other Christian Church?	/ No
Date	/ Denomination	
Church Name	Place	
Please attach copies of the child's birth and baptism certificates (if baptised in another parish)		
Current School:	Year at School (202	24)
<u>Note</u> : If your child is in Year 6 or older in 2024, contact the Sacramental Coordinator to discuss preparation arrangements for older children.		
Sacraments: Has your child already received any of these sacraments in a Catholic Church?		
Reconciliation: Yes /	No	
Confirmation: Yes / N	No	
First Communion: Yes	5 / No	
If yes, please attach do	ocumentary evidence.	(Continue o

Phone: (07) 3359 0239 Email: chermsidwest@bne.catholic.net.au Website: olaparishchermside.org.au

ver)

PO Box 859 ASPLEY Q 4034 ABN 25 328 758 007

Father:

(First Name)	(Middle Name/s)	(Surname)
Date of Birth:	Religion:	
Languages spoken	Occupatio	on:
Mathar		
<u>Mother</u> :		
(First Name)	(Middle Name/s)	(Surname)
Maiden Name:	Date of Birth:	Religion:
		<u> </u>
Languages spoken	Occupatio	on:
Parent Contact Numbers:		
Father:	Mother:	
Email Address (Essential as a	Il group contact will be made by	vemail): Please print clearly
		· · · · ·
Email Mother:		
Residential Address:		
		Postcode
Mail Address (if different fro	m above)	
		Postcode
		Posicode

Our Lady of the Angel's Parish

Chermside

Child's Name (Please Print)

PARENTAL CONSENT				
A copy of any Court Orders concerning residence arrangements for the Candidate, time spent by the Candidate with either parent, or parenting issues must be supplied with this Enrolment Form.				
Are there any s	Are there any such Orders? Yes/No			
Has a copy of e	Has a copy of every such Order been attached to this Enrolment Form? Yes/No/Not Applicable			
I hereby give my consent for the Candidate to be admitted to the Sacraments of the Catholic Church as indicated below:				
\checkmark	Reconciliation			
\checkmark	Confirmation			
\checkmark	First Communion			
Father's Name		(Please Print)		
Father's Signat	ure Date			
PLEASE INCLUDE A COPY OF FATHER'S PHOTO ID CONTAINING A SIGNATURE				
Mother's Name	Mother's Name (Please Print)			
Mother's Signature				
PLEASE INCLUDE A COPY OF MOTHER'S PHOTO ID CONTAINING A SIGNATURE				
ACCEPTABLE PHOTO ID INCLUDES A DRIVER'S LICENCE, PASSPORT or PROOF OF AGE CARD				

- Note:If this form is not able to be signed by the parents listed on the child's Birth Certificate,
you will need to contact the Sacramental CoordinatorPhotos:Group and individual photos of the children may be taken during the Confirmation and
- Photos:Group and individual photos of the children may be taken during the Confirmation and
First Communion Ceremonies. Please indicate one option below:
 - □ My child's photo may be taken during the sacramental ceremonies.
 - □ I do not wish my child's photo to be taken during the sacramental ceremonies.

Sacramental Enrolment Fee

The Sacramental Enrolment Fee of \$150 per child (\$100 for second and subsequent children in the one family enrolled at the same time) is to be paid at the time of submission of the application (by 26th July). This may be done by Credit Card over the phone or by Direct Deposit using the following details: Bank: CBA - BSB: 064-786 - A/c no. 100000243. **Please use 'SAC + <u>your child's</u> 1st initial and surname' as a reference.**

If this causes you difficulty, please contact the Sacramental Coordinator or Fr John

Submission of Application:

The Application including relevant documents must reach the Parish Office by Friday July 26th 2024. They may be scanned and emailed if desired – but please send all together to

(sacramental.chermside@bne.catholic.net.au)

Documentation Required: Please tick that it is included:

- □ This application, completed and signed appropriately below
- □ Copy of child's Birth Certificate
- □ Copy of child's Baptism Certificate (may be obtained from Parish of Baptism)
- □ Signatures of both parents listed on the Birth Certificate on the Consent Form on Page 3
- D Photo ID including signatures of both parents listed on the Birth Certificate
- □ Copies of any other relevant documents including Court Orders mentioned on Page 2 (or Page 3).

If there is any difficulty providing the documentary evidence, please contact the Parish Office.

Parent Statement

- I wish to apply for my child (whose details appear on this document) to undertake the Sacramental Preparation Programme in Our Lady of the Angels' Parish, Chermside.
- I understand that completion of this programme is necessary for the reception of the sacraments of confirmation, reconciliation and first communion in either Church in the Parish.



Parent Signature:	Date:	//
-------------------	-------	----

Further Enrolment Processes

On acceptance of your application, you will be contacted by email with an invitation to attend a Parent Sacramental Information Session in early August. This will finalise the enrolment.

Confirmation Programme

- Face-to-face groups sessions are our preferred option for mid-week preparation. You will need to be able to commit to attending these sessions with your child in order to complete the programme. Mass attendance is also required during the preparation period.
- Dates and times for the preparation sessions, Masses and Practices will be available later.

Reconciliation and First Communion

It is expected that these sacraments will follow a similar process in 2024 with Reconciliation during Lent and First Communion during the Easter Season.

We look forward to working with you and your child during this sacramental process.

Mail:	Sacramental Coordinator
	Our Lady of the Angels' Parish, PO Box 859, Aspley 4034
Email:	sacramental.chermside@bne.catholic.net.au
Parish Office:	3359 0239/0493 636 632