



51 Gum Road, Kings Park 3021
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**RESURRECTION PARISH
FAMILY BASED RELIGIOUS EDUCATION PROGRAM
ENROLMENT FORM**

Please print and use a separate form for each child.

Family Name _____ Child's Name _____

Address _____

Suburb _____ Post Code _____

Home Phone _____ Date of Birth _____

Father's Name _____ Mobile No _____

Mother's Name _____ Mobile No _____

Email Address _____

School Child Attending _____

Address _____

Principal's Name _____ Grade 2016 _____

Please return Enrolment form by 11th December 2015 to ensure placement into the 2016 Religious Education program.

Family Based Programs completed and year. Please complete.

Level 1 _____ Level 2 _____

Level 3 _____ Level 4 _____

By signing this application you are committing you and your child to the Sacramental Program.

It is important that all classes, workshops, reflection days etc are attended and homework is completed and handed in for your child to celebrate their Sacrament with the other children.

If your child does not complete their program their Sacrament may be delayed until the following year.

Signed (Parent/ Guardian) _____ Date _____

During the year I would like to display on the church notice board and in the monthly Big Bulletin photos of the children celebrating the Sacraments of Reconciliation, Eucharist and Confirmation. For example photos taken at Reflection day. I need your permission to do so.

I, (parent's name) _____ give permission for my child (child's name) _____ to have his / her photo displayed in the church during the time of the preparation for Sacraments and at other times when required.

Parent's signature _____

RESURRECTION PARISH CENSUS

Please complete one form per household using block letters

DATE ____/____/____

FAMILY NAME: _____

RESIDENTIAL ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HOME PHONE NUMBER: _____

POSTAL ADDRESS (if different to above): _____ POSTCODE: _____

Your Details (PLEASE PRINT)

TITLE (Mr/Mrs/Ms etc.) _____

SURNAME: _____

MALE ☐

FEMALE ☐

CHRISTIAN NAME: _____

PREFERRED NAME: _____

RELIGION: _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____ OCCUPATION: _____

MARITAL STATUS: (Please circle) Single Married Separated Divorced Widowed Defacto

Details Of Wife/Husband/Partner (PLEASE PRINT)

TITLE (Mr/Mrs/Ms etc.): _____

SURNAME: _____

MALE ☐

FEMALE ☐

CHRISTIAN NAME: _____

PREFERRED NAME: _____

RELIGION: _____

DATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____ OCCUPATION: _____

MARITAL STATUS: (Please circle) Single Married Separated Divorced Widowed Defacto

Please turn over 

DETAILS OF CHILDREN:

Christian Name

Male/Female

Date of Birth

School

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THE PARISH IS DEPENDANT ON YOUR SUPPORT THROUGH STEWARDSHIP

Do you contribute through Stewardship Envelopes ? ☐ YES ☐ NO

If not are you prepared to become a contributor ? ☐ YES ☐ NO

Do you have any particular skills, trade or profession that you might share with our parish?

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Are you in a position to advise our parish office of any job vacancies that may arise at your work place?

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Thank you for taking the time to complete this form. It will help us greatly in our ministry to you.

OFFICE USE ONLY

Form completed in PACS:

SO Number:

POL ID: