



Sacrament Program 2022

# 1<sup>st</sup> Reconciliation - ENROLMENT FORM

I wish to enrol \_\_\_\_\_

(Child's Full Name)

in the Sacramental Programme 2022 for 1<sup>st</sup> Reconciliation.

Child's DOB \_\_\_\_\_ Year & class \_\_\_\_\_

School Attending \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## CHECKLIST (PLEASE PROVIDE COPY OF)

**Baptism Certificate YES ( )**