



Sacramental Enrolment Form

First Communion

Please complete and return with a photocopy of your child's birth certificate and baptismal certificate:
 email: sundays@ec.org.au post: PO Box 294, Ellen Grove Qld 4078

Information about the Sacramental Program available online at www.ec.org.au/sacraments.

Child's Information			
Child's Full Name:		Date of Birth:	/ /
Place of Child's Baptism: (Church and City)		Date of Baptism:	/ /
Current School		Current Grade	
Certificates Enclosed:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate		
Any other Sacraments already received:			
Mother's Information			
Mother's Full Name:			
Email:			
Phone:		Religion:	
Residential Address:			
Father's Information			
Father's Full Name:			
Email:			
Phone:		Religion:	
Residential Address: (if same as Mother, write 'as above')			

Parental Authority for Children to receive the Sacraments – Family Law Issues

As prepared by the Catholic Archdiocese of Brisbane – Vicar General's Office

THIS SECTION OF THE FORM MUST BE SIGNED BY **BOTH** PARENTS

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 such Orders? **Yes / No** (please circle)

If 'Yes', has a copy of every such Order been attached to this form? **Yes / No** (please circle)

I hereby give consent for the candidate listed on the front of this form to be admitted to the Sacrament of First Communion of the Catholic Church.

Mother's Signature: _____ Date: ____/____/____

Father's Signature: _____ Date: ____/____/____

Financial Contribution

The amount below is requested to help cover the costs of resources and other expenses for your child's sacramental preparation. This should be paid when your child enrolls for the Sacramental journey.

First Communion: \$65

We do not wish the cost to be a hindrance to any child participating in the sacraments. If cost is an obstacle, please speak to one of the team.

I will arrange payment into Emmanuel's bank account:
BSB: 064 123
Account: 1025 2685
Ref: Communion [surname]

Please invoice me

Privacy Declaration:

Personal details are collected for the purposes of providing information to participants of the Sacramental journey, to provide other services, and to add/update participant details to Emmanuel Community's database. We may disclose personal information to Archdiocesan agencies and other service providers who assist us in operating our organisation. All personal details are stored and used according to Emmanuel's privacy policy, available at www.ec.org.au/privacy.

Photo Release:

Photographs taken throughout the program will be used for sharing the event online and in social media, promoting the program to the participants and to the wider community, and for future Sacramental program resources. If you do not want photos of your child/family used in this way, please tick the box below.

I do not give permission for photos of my child/family to be shared online or published in future resources.

Further Communication:

By engaging in a ministry of Emmanuel Community, we will add the parent's details to communication lists (eg email list), in order to provide further information about activities of the Community, to offer additional opportunities for your family to engage in our activities, and to assist your family's faith life.

I do not wish to be added to Emmanuel's communication channels after this program.

Office Use Only:

Date of Sacrament: _____

Birth Certificate

Baptism Certificate

Payment Received/Invoiced \$ _____

Family Law Document

Email List

Sacramental Register

Baptism Parish notified