Gosford Parish - Saint Patrick's Church

76 York Street, East Gosford. Phone: 4325 1042. Email: patsgos@acs.net.au Web: www.bbcatholic.org.au/gosford

Sacrament of First Holy Communion & Reconciliation



For Children in Year 4 & above who have been Confirmed. ENROLMENT FORM

CHILD'S FULL NA	ME As it appears on Birth Certificate			
DATE OF BIRTH	Age			
SCHOOL		Year		
BAPTISM	Parish	Year		
CONFIRMATION	Parish Please ensure copy of Confirmation certificate is atta	Year		
Fathers Name				
Mothers Name				
Email		Phone		
Please ensure the enrolment form, copy of Confirmation certificate and application fee are returned to the Parish Office by Thursday July 17 th . Hardcopy to office is preferred, if emailing please ensure attachments are pdf and payment receipt is included. To be eligible to receive the Sacraments it is essential that the following dates are attended				
Parent information night within Saint Patrick's Church Thursday 24 th July - registration open 6.30pm 7.00pm start				
Commissioning held within weekend Masses 26th / 27th July				
Retreat afternoons— Saint Patrick Primary school LARC - [Please tick] 3pm — 5pm Thursday 31st July, 14th August, 28th August, 11th September 3.30pm — 5.30pm Sunday 3rd August, 17th August, 31st August, 14th September				
Minimum 6 x Masses to be attended from July 26th - 14th September				
Sacrament of Reconciliation – Thursday 18 th September 6.00pm Sacrament of First Holy Communion – Sunday 21 st September 11.00am				
Application fee - \$90 per child - \$140 2x siblings				

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CONSENT TO FILM OR PHOTOGRAPH A CHILD

Child Name	e:	Age:	(Child)
I,	(parent (circle app	t/ guardian) agree olicable)	to the following:
-	ay be filmed and photographed when at ction with the Catholic Diocese of Brok	_	-
reprod	name and age as well as the audio and valuced and communicated by or on behaler Catholic community in any media;		
repres	nal property rights, including copyright, entatives) and any intellectual property assigned to the Diocese; and	_	· · · · · · · · · · · · · · · · · · ·
	e may collect my/my Child's personal is se that information to its authorised non		
Signature:	(Parent / guardian) (circle applicable)	Date	
Name:			

The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the website at www.bbcatholic.org.au.