



CATHOLIC CHURCH of  
*St Emilie de Uvalde*

151 Amherst Road, Canning Vale  
Mailing: PO Box 5184 Canning Vale South 6155  
Tel: 9456.5130 Fax: 9456.5131

**PARISH RELIGIOUS EDUCATION PROGRAM  
ENROLMENT FORM (Page 1)**  
(please print)

**YOUR CHILD'S DETAILS:**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Now Attending: \_\_\_\_\_

Year at School in 2015: \_\_\_\_\_ YEAR \_\_\_\_\_

<u>Sacraments Received:</u>	<u>Parish</u>	<u>Date</u>
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Baptism	_____	_____
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Reconciliation	_____	_____
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Eucharist	_____	_____
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*Office Use Only: Baptism Certificate on file: Yes / No*

Does your child have any physical or medical problem that we should be aware of?  
It would also be helpful for our teachers to be aware of any learning difficulties.

YES ☐ NO ☐

DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

*(This is a two sided form, please turn over to complete)*

**PARISH RELIGIOUS EDUCATION PROGRAM  
ENROLMENT FORM (Page 2)**

*(please print)*

**PARENT FORM:**

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

**Mother's Religion:** \_\_\_\_\_

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

**Father's Religion:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Nos:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Contact Person in Emergency:** \_\_\_\_\_

**Emergency Phone No:** \_\_\_\_\_

I/We \_\_\_\_\_ parents/guardian of \_\_\_\_\_  
in the event that I/we are uncontactable, authorise my/our child to receive any  
emergency medical or dental attention should it be required.

**Signature of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PRIVACY STATEMENT**

The primary purpose of collecting the personal information you supply on this form is to process your registration. St Emile's Catholic Parish will not disclose your information to a third party. This form will be kept securely and will only be accessed by the Parish Priest and Catechist Co-Ordinator.