



**St Finbar's Parish-Based Sacramental Program
Expressions of Interest for 2019**

In order to assist the Parish team in preparing for this year, could you please indicate, in which sacramental program(s) you wish to enroll your child? (Please tick) **Please use a separate form for each child.**

Payment of \$40 per Sacrament per family is appreciated before the start of the sessions to cover the cost of materials. Payments can be made via the website www.stfinbars.org.au

Penance

Term 2

Forms must be returned to St. Finbar's Parish as soon as possible. Forms can be scanned and emailed to secretary@stfinbars.org.au. As we need to have the resources ready for your child. Thank you.

Child's Name: _____

Please print above the full name of the child for whom this expression of interest is being made.

Date of Child's Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Please ensure that if your child was not baptized at St Finbar's that you obtain a Baptism certificate from the parish of baptism.

School _____

Father's Name _____
(Or Carer's name)

Religion _____

Mother's Name _____
(Or Carer's name)

Religion _____

Address _____

Suburb _____

Postcode _____

Telephone Numbers: Home _____ Mobile _____

E-mail _____

(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)

Parent's/Carer's signature _____

Parent's/Carer's Signature _____

For Office use only
Entered into register _____

Register Number: _____



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Confirmation

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Term 3

Child's Name: _____

Please print above the full name of the child for whom this expression of interest is being made.

Date of Child's Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Saint's Name: _____

Please ensure that if your child was not baptized at St Finbar's that you obtain a Baptism certificate from the parish of baptism.

School _____

Father's Name _____
(Or Carer's name)

Religion _____

Mother's Name _____
(Or Carer's name)

Religion _____

Sponsor's Name _____

Address _____

Suburb _____

Postcode _____

Telephone Numbers: Home _____

Mobile _____

E-mail _____

(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)

Parent's/Carer's signature _____

Parent's/Carer's Signature _____

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Eucharist

Term 4

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Child's Name: _____

Please print above the full name of the child for whom this expression of interest is being made.

Date of Child's Birth: _____

Date of Baptism: _____

Place of Baptism: _____

Please ensure that if your child was not baptized at St Finbar's that you obtain a Baptism certificate from the parish of baptism.

School _____

Father's Name _____
(Or Carer's name)

Religion _____

Mother's Name _____
(Or Carer's name)

Religion _____

Address _____

Suburb _____

Postcode _____

Telephone Numbers: Home _____

Mobile _____

E-mail _____

(Your privacy is respected; however, it would assist us if you would please supply at least one number for necessary contact)

Parent's/Carer's signature _____

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