

OUR LADY OF MT CARMEL PARISH, MT PRITCHARD

ENROLMENT TO THE SACRAMENT OF FIRST EUCHARIST/ FIRST HOLY COMMUNION

We wish to enrol our child for the Sacramental Program in preparation for the
Sacrament of First Eucharist / First Holy Communion.

We will do our best to help prepare our child to receive this Sacrament.

PLEASE PRINT

Child's Name: _____

Address: _____

Parent's/Guardian Name: _____

Parent's/Guardian phone: _____

School: _____ Class: _____

Date of Baptism: _____ Suburb: _____

Name of Baptismal Church: _____

Date of First Reconciliation: _____ Suburb: _____

Name of Church: _____

Parents Affirmation:

I Parent/Guardian of _____

support their enrolment in the Sacramental Program for First Eucharist.

I will assist and support them and the Sacramental Program to the best of my ability.

I will attend the Commitment Mass on at or at

Signed: _____