

OUR LADY OF MT CARMEL PARISH, MT PRITCHARD
ENROLMENT TO THE SACRAMENT OF FIRST RECONCILIATION

We wish to enrol our child for the Sacramental Program in preparation for the
Sacrament of First Reconciliation.

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

We will attend on at Or At

PLEASE PRINT

Child's Name: _____

Home Address: _____

Parent Contact (name): _____

Mobile Ph: _____

School: _____ Class: _____

Date of Baptism: _____

Church of Baptism : _____

(name)

(suburb)

Parents Affirmation:

I _____ Parent/Guardian

of _____

support their enrolment in the Sacramental Program for First Reconciliation.

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

Signed: _____