



Our Lady Help Of Christians Parish - Rosemeadow

RECONCILIATION AND FIRST HOLY COMMUNION

ENROLMENT FORM 2017

I wish to enrol my child for:

Reconciliation

First Holy Communion

CHILD'S NAME: _____ **GENDER: M/F:** _____

ADDRESS: _____

HOME PH: _____ **MOB:** _____ **EMAIL:** _____

AGE: _____ **DATE OF BIRTH:** _____

SCHOOL: _____

GRADE: (in 2016) _____

PLACE OF BAPTISM : _____

(Copy of Baptism certificate required if not baptised at OLHC or St Bede's Appin)

DATE OF BAPTISM: _____

SPECIAL NEEDS: (please indicate so we can accommodate this in the programme)

OFFICE USE ONLY

BAPTISM CERTIFICATE

Copy attached

not required- OLHC/Appin

BIRTH CERTIFICATE

Copy attached

PAYMENT

Reconciliation \$25.00

First Holy Communion \$25.00

TOTAL PAID