



## ENROLMENT FORM – St Mark's Inala Catholic Parish

### SACRAMENTAL PROGRAM 2025

#### SACRAMENT of FIRST HOLY COMMUNION for children in Year 4 and above

#### Who have already received the Sacrament of Confirmation

Please fill in **ALL** sections and return the completed form with:

- payment: \$30 for child or family. **Credit card authority overleaf**
- a copy of your child's baptism certificate

to the Parish Office by **Wednesday 30<sup>th</sup> July 2025**

**Parish Office hours:** 9am – 3pm, Mon – Fri

**Postal Address:** 96 Lilac St, Inala 4077

**| Email:** [stmarks@bne.catholic.net.au](mailto:stmarks@bne.catholic.net.au)

**Phone:** 3372 5658

#### Section A: Child's Details

Surname / Family Name:		First Name:	
Date of Birth:	School:	Year:	
1. <b>Date and Place of Baptism (please provide a copy of certificate if not at St Mark's)</b>			
2. <b>Date and Place of Confirmation (please provide a copy of certificate if not at St Mark's)</b>			

#### Section B: Parent's Details

Father's full name:		Mother's full name:	
Father's religion:		Mother's religion:	
Contact numbers:			
Postal Address:		Email address of one parent please:	

#### **FAMILY LAW MATTERS: When parents are separated or divorced.**

A copy of any Court Orders concerning residence arrangements for the Candidate, time spent by the Candidate with either parent or parenting issues must be supplied with this enrolment form.

Are there any such orders? (Please circle ) **Yes / No**

Has a copy of every such order been attached to this enrolment form? (Please circle) **Yes / No**

#### Section C: Consent

*I give consent for photographs of the celebration and my child to be taken and placed on St Mark's web page. YES/NO*  
*I hereby give my consent for the forenamed child to be admitted to the program to receive instruction and to receive the Sacrament of First Holy Communion.*

**Both parents MUST sign**

Father's Signature: ..... Date: .....

Mother's Signature: ..... Date: .....

**Please Turn Over**

**Teaching Session Dates: Saturday 2<sup>nd</sup> August, 9<sup>th</sup> August, 16<sup>th</sup> August**

**Teaching Session Time in Mercy Hall: 8.30 am to 9.30 am**

**Saturday 23<sup>rd</sup> August from 9.00 am to 10.00am: Retreat for Children in the church followed by Rehearsal**

**Saturday 23<sup>rd</sup> August: 10.30 am – 11.30 am Rehearsal in the church – one parent must attend with child**

**Sacrament will be celebrated on: Sunday 24<sup>th</sup> August at 11.00 am**

Payment can be made in person at the parish office during office hours. Alternatively, you are welcome to telephone, post or email the parish office with your credit card details. Cash/Eftpos/Credit card are all accepted forms of payment.

**St Mark's Parish will hold your personal details in the strictest confidence. All information on the front and back of this form will be used only in connection with the Sacramental Program in which your child is enrolled.**

St Mark's Parish Privacy Policy can be read at: [www.brisbanecatholic.org.au/privacy-policy/](http://www.brisbanecatholic.org.au/privacy-policy/)

### **Sacramental Program Credit Card Payment Authority:**

Credit Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry Date: \_ \_ / \_ \_

Amount: \$.....

Cardholder Name: .....

***This is payment for the Sacramental program cost for....***

***Your child's name:*** .....

***Your address:***.....

***Phone number:***.....

#### **Parish Office Use Only:**

Group.....

Session.....

Paid.....