**St Joseph Pignatelli Catholic Church**

Cnr Wichmann Rd and Galloway St, ATTADALE

 Tel: (08) 6181 5020 Email: attadale@perthcatholic.org.au

**SACRAMENT OF FIRST HOLY COMMUNION ENROLMENT FORM 2024**

Please use **BLOCK LETTTERS** when completing this form

|  |  |
| --- | --- |
| **LAST NAME:**  |   |
| **FIRST NAMES:**  |   |
| **DATE OF BIRTH:**  |   |
| **HOME ADDRESS:**  |   |
| **SUBURB & POSTCODE:**  |   |
| **CONTACT NUMBER:**  |   |
| **EMAIL ADDRESS:**  |   |
| **DATE OF BAPTISM:**  |   |
| **PLACE OF BAPTISM:**  |   |
| **DATE OF RECONCILIATION:**  |   |
| **PLACE OF RECONCILIATION:**  |   |
| **FULL NAME OF CHILD’S FATHER:**  |   |
| **FULL NAME OF CHILD’S MOTHER:**  |   |
| **SCHOOL NAME & LEVEL:**  |   |
| **PARISH NAME:**  |   |

# Important Information

Please note:

* **PARENT CHILD WORKSHOP: Monday 19th of August 2024** at 3.30PM or 5PM
* **RETREAT: Friday 18th of October 2024 at Bourhill Hall**

* **FIRST COMMUNION MASS: Sunday** 10th of November 2024 at 11am

**Enrolment in Parish Religious Education Program Required (Required if not attending a Catholic School)**

**Yes No**

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| **Attached:** 1. **Copy of Baptism Certificate**

1. **Enrolment Fee $50**

 **Cash Cheque** **Direct deposit Lodged to:** St Joseph Pignatelli Parish Catechists Account **BSB:** 086 - 006 **& Account No.** 5381472821. **Completed Parish Membership and DDR if not already a Member**

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 I certify that the above information that I have provided is true.

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 Signature Date