

CANDIDATE ENROLMENT FORM - CONFIRMATION 2024

PARISH POSTAL ADDRESS: 81 WAVERLEY RD CAMP HILL, 4152 P: 3398 3697
E: reginacaeli@bne.catholic.net.au www.reginacaeliparish.org.au

PLEASE ENSURE FORMS ARE SIGNED APPROPRIATELY & ALL REQUESTED DETAILS PROVIDED!! **PLEASE USE ONLY BIRTH NAMES.**

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NAME OF CANDIDATE:

NAME OF MOTHER: NAME OF FATHER:

PH CONTACT: E-MAIL CONTACT:

CANDIDATE DETAILS:

FIRST NAME MIDDLE NAME/S SURNAME

ADDRESS: POST CODE:

SCHOOL: GRADE IN 2023: DATE OF BIRTH: ___/___/___

RELIGION OF CANDIDATE: BAPTISING PARISH: DATE OF BAPTISM: ___/___/___

BAPTISM DETAILS OF CANDIDATE:

CATHOLIC - YES AND I HAVE PROVIDED COPY OF BAPTISM CERTIFICATE OR EXTRACT

SACRAMENT/S REQUEST DETAILS:

[PLEASE TICK ALL APPROPRIATE BOXES]

WE WOULD LIKE TO ENROL: [CANDIDATE'S NAME]
IN PREPARATION FOR:



CONFIRMATION

MOTHER'S SIGNATURE: FATHER'S SIGNATURE: PTO →

Privacy policy:

The privacy of all individuals is important to Regina Caeli Parish, and we are committed to protecting all personal information we collect and hold. Our privacy policy is available on archdiocesan website or request a copy from parish office. <http://brisbane.catholic.org.au>

Privacy collection statement:

The parishes, schools & agencies of the archdiocese of Brisbane (we, us or our) may collect, use & disclose personal information about you. We collect personal information directly from you & may also collect personal information passively through our website. We collect your personal information to fulfil the mission & directions of our organisation, to administer the Sacraments & provide pastoral care to you, to provide you with other services & products you are seeking, to communicate with you about the services & products we offer, to solicit donations & to comply with our legal & regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies & service providers who assist us in operating our organisation.

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PARENT/S CONTACT DETAILS

[PLEASE USE FULL NAMES]

NAME OF MOTHER: RELIGION OF MOTHER:

ADDRESS:

..... P/CODE

PH: (HOME) PH: (MOBILE) (E-MAIL)

NAME OF FATHER: RELIGION OF FATHER:

ADDRESS:

..... P/CODE

PH: (HOME) PH: (MOBILE) (E-MAIL)

PARENTS' COMMITMENT & CONSENT

- WE HAVE INCLUDED AND ADVISED OF ANY FURTHER INFORMATION WE WISH YOU TO BE AWARE
- WE FEEL A PERSONAL MEETING WITH PARISH PRIEST WOULD BE BENEFICIAL
- WE HAVE HEALTH CONCERNS WITH OUR CHILD: YES NO
- WE ARE REQUIRED TO KNOW WHO IS IN ATTENDANCE ON ANY GIVEN DAY, HENCE PARENTS NEED TO SIGN IN EACH SESSION.
- AS PARENTS, ASIDE FROM ASSISTING CANDIDATES WITH ANY PREPARATION IN BOOKLETS OR CRAFT, WE UNDERTAKE TO TRY TO RETURN REQUESTED ITEMS ON TIME. WE UNDERSTAND OUR COMMITMENT TO FAITH EDUCATION IS LIFE-LONG.**



Parental Authority for Children to receive the Sacraments – Family Law Issues - As prepared by the Catholic Archdiocese of Brisbane – Vicar General's Office
THIS SECTION OF THE FORM MUST BE SIGNED BY BOTH PARENTS
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? **Yes / No** (please circle)
If 'Yes', has a copy of every such Order been attached to this form? **Yes / No** (please circle)
I hereby give consent for the candidate to be admitted to the Sacrament of Confirmation of the Catholic Church

I, [PLEASE PRINT] [SIGNATURE] ___/___/20___ [DATE]

CONSENT TO ENROL IN 2024 SACRAMENT PREPARATION AT REGINA CAELI

I, [PLEASE PRINT] [SIGNATURE] ___/___/20___ [DATE]

CONSENT TO ENROL IN 2024 SACRAMENT PREPARATION AT REGINA CAELI