



**PARISH RELIGIOUS EDUCATION PROGRAM  
Enrolment Form**

**Family Details:**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

**Telephone Contact:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Religion: \_\_\_\_\_

I/We \_\_\_\_\_ parent/guardian of \_\_\_\_\_

In the event that I/We are uncontactable authorise my/our child to receive any emergency medical or dental attention should it be required.

Signature:

Privacy Statement—

The Parish Religious Education Program requires this information for the purpose of Enrolment, Contacting parents when necessary and up-dating records of Sacraments received. It will not be used for any other purpose.