

OUR LADY STAR OF THE SEA CATHOLIC PARISH

Sacrament of Reconciliation 2025

Enrolment Form

Please ensure you have read and understood the Information Letter. Please print clearly and fill in both sides of the form. Return to the parish office by Friday 19th September.

CHILD'S DETAILS

SURNAME:

FIRST NAME:

MIDDLE NAME(S):

DATE OF BIRTH: **DATE OF BAPTISM:**

Name of CHURCH OF BAPTISM:

Please attach a copy of the Baptism certificate to this form.

Is the child a member of an Eastern Catholic Church? Yes / No

If YES, please circle the name of the Church from the list below.

Syro-Malabar

Chaldean

Maronite

Melkite

Ukrainian

Other (please list):

Our Lady Star of the Sea Catholic Parish recommends that children are in Grade 3 or above when registering to receive the Sacrament of Reconciliation. Please contact Hayley Lanzon at adfaithsos@rok.catholic.net.au if you would like to discuss this.

SCHOOL: **YEAR LEVEL:**

Should the Sacramental Team be aware of any physical or learning disability, allergy, or other considerations relevant to the child's participation in the Sacramental Program? If so, please list below.

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Please book your child for one of the following options for Formation Session 1 by marking boxes 1-4 in order of preference:

☐

Wednesday 22nd October 3.30-4.30pm
St Peter Chanel Church, Tannum Sands

☐

Friday 24th October 3.30-4.30pm
Star of the Sea Parish Hall

☐

Thursday 23rd October 3.30-4.30pm
Star of the Sea Parish Hall

☐

Friday 24th October 5.00-6.00pm
Star of the Sea Parish Hall

PARENT / CAREGIVER DETAILS

FATHER'S FIRST & LAST NAME:

MOTHER'S FIRST & LAST NAME:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS if different:

CONTACT EMAIL:

CONTACT PHONE NUMBER:

Are there any court orders concerning residential arrangements for time spent by the child with either parent or court orders concerning any other parenting issues?

Yes / No

If YES, provide a copy of every such order to this enrolment form.

PROGRAM COMMITMENT

Please indicate your family's commitment and acceptance of conditions by ticking the boxes below. If any boxes are left, we may contact you for further information and discussion.

☐ We will participate with the Parish Community in the Sacramental Preparation by attending the required Formation Sessions as outlined in the Information Letter.

☐ We understand that weekly Mass attendance is our obligation as Catholics and part of participation in the Sacramental Program and will endeavour to regularly attend weekend Masses.

☐ We understand that our personal information will be retained for use in the Parish for the purpose of administration of the Sacramental Program and that our privacy will be respected.

☐ We give permission to be photographed during participation in the Sacramental Program and for these photos to be used for communicating the story of our participation in the Program within the Parish and Diocesan communities. This could be through newsletters, Facebook or parish/diocesan websites.

☐ We understand that there is a cost of \$30 for our child's participation in the Sacramental Program for Reconciliation. If this cost is difficult for you to cover, please contact Hayley Lanzon.

We hereby give our consent and wish to register our child named overleaf to be admitted to the Star of the Sea Sacramental Program for the Sacrament of Reconciliation.

Father's Signature: Mother's signature:

Date:

If child is in State Care, Name and Signature of Department of Children's Services Case Worker:

..... Date:

(Office Use Only) Baptism Certificate ☐
given/sighted

Fees paid ☐
in full