## **Goulburn Mission**



Office: Parish Centre 36 Verner St Goulburn@cg.org.au PO Box 11 Goulburn NSW 2580 ph: 02 6299863

http://cg.org.au/goulburn/Home.aspx

Office Hours: Mon- Fri 8.30-12.30pm

## SACRAMENT ENROLMENT 2019

#### SACRAMENTAL ENROLMENT FORM (please print clearly)

| SURNAME:   |  |
|--|--|
| CHRISTIAN NAMES:   |  |
| HOME ADDRESS:  |  |
| PHONE NO.:   | Mobil:   |
| EMAIL: *   |  |
| SCHOOL:  |  |
| DATE OF BIRTH: /   | 1  |
| DATE OF BAPTISM:   | / / <u>Certificate Sighted</u> Yes/No<br>(Office Use Only)   |
| PARISH OF BAPTISM:<br>If you do not have a copy of the<br>Baptised and request one. Goul   | Baptism certificate please contact the parish where burn churches are on record here – please note which                       |
| Church.  | RENT/GUARDIAN DETAILS  |
| Church.  |  |
| Church. PA   | Religion   |
| Church. PA FATHER'S FULL NAME:   | Religion   |
| Church. PA FATHER'S FULL NAME:   | <u>Religion</u>  |
| Church. PA<br>FATHER'S FULL NAME:<br>MOTHER'S FULL NAME:<br><u>MAIDEN</u> NAME:  | <u>Religion</u>  |
| Church. <u>PA</u> FATHER'S FULL NAME: MOTHER'S FULL NAME: <u>MAIDEN</u> NAME: I WISH TO ENROL FOR THE SA   | Religion         Religion         Religion         ACRAMENT OF:        (please circle)   |
| Church. <u>PA</u> FATHER'S FULL NAME: MOTHER'S FULL NAME: <u>MAIDEN</u> NAME: <u>I WISH TO ENROL FOR THE SA</u> Reconciliation First Holy Communion Confirmation | Religion         Religion         Religion         ACRAMENT OF:        (please circle)         Yr 3         Yr 4         Yr6-7 |
| Church. <u>PA</u> FATHER'S FULL NAME: MOTHER'S FULL NAME: <u>MAIDEN</u> NAME: <u>I WISH TO ENROL FOR THE SA</u> Reconciliation First Holy Communion Confirmation | Religion         Religion         Religion         ACRAMENT OF:        (please circle)         Yr 3         Yr 4               |

#### Questions you may have:

## How does the preparation run?

Basically, it will only work with your support, in helping your child to complete the workbook at home and in bringing your child to take part in classes, and by attending our Sunday Masses.

#### How do I Register my child

You need to complete the above registration for with payment to the Parish office **<u>15 February 2019 for Reconciliation</u>** 

28 FEBRUARY 2019 for Holy Communion & Confirmation No enrolments accepted after this date.

- Complete the Enrolment form and return to the Parish office
- email enrolment and credit card form
   EFT BSB 062 786 ACC 000014927

Ref: surname/SAC (please email receipt to goulburn@cg.org.au) Post to parish office Call into parish office- if paying by cash.

## IMPORTANT!

You will also need to provide a photocopy of your child's Baptism certificate with the enrolment form.

If your child was Baptised in this parish – we still require the date of Baptism and the Church they were Baptised in.

If you do not have a copy of the Baptism Certificate, please contact the Parish secretary of the relevant parish to arrange a copy.

## <u>To continue:</u>

Please check the dates and the Sacrament preparation dates your child will need to attend before committing. , dates are on the Parish website

*If you are not available to commit to attending classes and Masses over the weeks for the preparation you are welcome to enrol next year (around the same time) and continue with your Sacramental preparation.* 

**<u>Costs</u>**: have increased due to many changes in the programs.

Please contact the Parish office for any questions

Regards Sharon Cashman Parish Secretary 02 62399863

# MARY QUEEN OF APOSTLES PARISH THE GOULBURN MISSION

36 VERNER ST (PO BOX 11) Tel: 02 62399863 EMAIL: goulburn@cg.org.au

#### **CREDIT CARD PAYMENT**

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

I request and authorise Mary Queen of Apostles Parish to arrange funds to be debited from my nominated credit card as detailed below:

| NAME ON CARD:       |
|---------------------|
| CREDIT CARD NUMBER: |
| EXPIRY DATE:        |
| CV NUMBER:          |
| AMOUNT:             |
| PAYMENT FOR:        |

Please note that your details will be held in the strictest of confidence and will be destroyed once loaded on the Bpoint System which forms part of the Commonwealth Bank.

SIGNATURE ON CARD:\_\_\_\_\_

DATE:\_\_\_\_\_

EMAIL FOR RECEIPT PURPOSE:\_\_\_\_\_