

## Goulburn Mission



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

W: <http://cg.org.au/goulburn/Home.aspx>  
**Office Hours:** Mon - Fri 8.30-12.30pm

## **SACRAMENT ENROLMENT 2022**

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

**SURNAME:** \_\_\_\_\_

**CHRISTIAN NAMES:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**EMAIL: \*** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*DATE OF BAPTISM:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Certificate Sighted Yes/No**  
**(Office Use Only)**

**PARISH OF BAPTISM:** \_\_\_\_\_

If you do not have a copy of the Baptism certificate, please contact the parish where Baptised and request one. Goulburn churches are on record here – please note which Church.

### **PARENT/GUARDIAN DETAILS**

**FATHER'S FULL NAME:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_ **Religion** \_\_\_\_\_

**MAIDEN NAME:** \_\_\_\_\_

**I WISH TO ENROL FOR THE SACRAMENT OF:** (please circle sacrament)

Reconciliation                      Yr 3                      \$50                      Received p/m Y/N

First Holy Communion              Yr 4                      \$50                      Received p/m Y/N

Confirmation                      Yr 6,7 +                      \$70                      Received p/m Y/N

Signed.....Parent/Guardian

### ***Questions you may have:***

#### ***How does the program 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 form & with payment (bring copy of receipt details if paid online) with you on the enrolment night in Crookwell or Goulburn

**Crookwell- 9<sup>th</sup> March @6.30pm or Goulburn 16<sup>th</sup> March @6.30pm 2022**

Complete the Enrolment form – and bring with you on the night.

#### **Payment:**

- EFT GOULBURN PARISH: BSB 062 786 ACC 000014927
  - EFT CROOKWELL PARISH: BSB 062 786 ACC 000014901
- Ref: surname/SAC  
(Please email receipt to goulburn@cg.org.au) or attach to enrolment form
- - if paying by cash please bring correct money on the night.
  - CREDIT card details can be given on the sheet attached

#### ***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 a copy of certificate with 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 (prior to enrolment night) of the relevant parish to arrange a copy.

#### **To continue:**

Please check the dates and the Sacrament preparation dates your child will need to attend before committing.

**Eucharist-** will commence around week of 4 May. Celebrated 18/19 June

**Confirmation-** will commence week of 3 Aug. Celebrated 17/18 Sept.

- Conformation candidates will be catching up on this Sacrament, as Covid has put us behind, there will be Candidates from Yr 6,7, 8, 9+. All are very welcome!

**Reconciliation** – will commence around 27 Oct. Celebrated 19/26 Nov.

*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.*

*Please contact the Parish office for any questions. Local reminders and updates are posted on the St Marys Parish & Mary Queen of Apostles Facebook pages.*

*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](mailto: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: \_\_\_\_\_