Child’s full name:

Date of Birth:

Name of Current School: Current Grade:

Which school(s)/college(s) is this reference for:

Closing Date:

***SACRAMENTS OF INITIATION***

Baptism Date: Parish:

*(If the child was baptised in a different denomination, then note dates when received into the Catholic Church)*

Confirmation Date: Parish:

First Eucharist Date: Parish:

Penance Date: Parish:

***INVOLVEMENT IN THE PARISH***

**Mass Attendance**: $□$ Weekly $□$ Fortnightly $□$ Monthly $□$ Occasionally

**Which Parish Church:** $□ $St Columba’s $□$ St Carthage’s $□$ St John the Baptist

$□ $Immaculate Conception

**When did your family join the Parish**:

Are you in the Planned Giving Programme? $ □$ **Yes,** When did you join? $□ $ **No *I****f not, would you like to join our Planned Giving Programme?:*

YES

NO.

**Mass/Ministry/Parish Community Involvement**

Our child is involved in the following *[you can tick more than one if applicable]:*

$□$ Altar Server $□$ Children’s Choir $□$ Children’s Led Mas Reader $□$ Liturgical dance $□$ Junior Youth Ministry

|  |
| --- |
| **As parents we are involved in:**  |

$□$ Sacramental Team $□$ Safeguarding Committee; Leader of: $□$ Children’s Liturgy $□$ Morning Tea $□$ Music $□$ Communion to Sick/Elderly $□$ Cleaning $□$ Eucharistic Minister $□$ Reader $□$ Parish Office volunteer $□$ Parish Pastoral Council $□ $ Parish Finance Council $□$ Social Committee

When did you join this/these ministries? (Year):

If you are currently **NOT** volunteering, for which of the above would you like to be involved in?

Name of ministry:

 When would you like to commence? (Date):

Mother’s name:

Father’s name:

Address:

Phone/Mobile:

Email:

**Parent/Guardian Statement**

I/We acknowledge that this information is accurate and will be provided to school(s) in support of our application for our child’s enrolment.

.......................................................... (Mother/Guardian) ........................... (Date)

**PARISH OFFICE:**

23 Lovedale St, Wilston

PO Box 278, Wilston Qld 4051

3352 1730

kbcc@bne.catholic.net.au

 *Signature*

.......................................................... (Father/Guardian) ........................... (Date)

 *Signature*

*References will be sent directly to the College/School to which you are applying.*

*Please allow 3 weeks for processing. The information provided on this form will be used to update*

 *our Parish records and send occasional emails. Please advise if you* ***do not*** *want this to happen.*