

Registration Form - After School Classes (PREP)

I wish to enrol / re-enrol my Child/Children in the PARISH RELIGIOUS EDUCATION PROGRAMME classes at Mary MacKillop (Cassowary Drive & Pelican Parade Ballajura) held every THURSDAY at 3.45pm - 4.45pm of the school Term starting on the second Thursday of the first term. REGISTRATION REQUIRED. PLEASE BRING the CHILD'S BAPTISM CERTIFICATE

1. Child's SURNAME First NAME

Date of Birth Attending NAME of School Level At School

2. Child's SURNAME First NAME

Date of Birth Attending NAME of School Level At School

3. Child's SURNAME First NAME

Date of Birth Attending NAME of School Level At School

HOME address postcode

Mother's FULL NAME Father's FULL NAME

Mother's RELIGION Father's RELIGION

Mobile PHONE EMAIL

ANOTHER ADULT in EMERGENCY Their PHONE

My Child/Children has/have attended Religious Classes in the PAST YES NO (circle one)

My Child has received Religious Lessons at - NAME of Previous school or parish

I'd like my child (1) to START preparation for BAPTISM PENANCE EUCHARIST CONFIRMATION (MARK X)

I'd like my child (2) to START preparation for BAPTISM PENANCE EUCHARIST CONFIRMATION (MARK X)

I'd like my child (3) to START preparation for BAPTISM PENANCE EUCHARIST CONFIRMATION (MARK X)

My Child has the following physical, educational or medical problems that the Catechist should know about

I being the Parent/Guardian/Carer of
authorise my child/children to receive emergency medical/dental attention should it be required. I understand that I would be responsible for any costs incurred. I also understand that I must collect my child/children promptly after lessons.

Date / / Signed

RETURN FORM TO Letter Box at 16 Pelican Pde BALLAJURA WA 6066
or email to Rose Doss 0422 057 348 doss@inet.net.au