FIRST EUCHARIST ENROLMENT

Your child will be enrolled in First Eucharist programme

My child, is a baptised and Confirmed Catho and is in Year 3 or above.	olic	Circle: YES	NO
Full name of Candidate: (including Surname)			
Address:			
Phone:			
Email:.			
Age:	Date	of birth:	
School:	Class		
Mother's full name:	• • • • • • • • • • • • • • • • • • • •		
Mother's maiden name:	Relig	jion:	
Father's full name:	Relig	jion:	
Child's Baptism:			
Date: Church (eg St Francis Xavier's Church)			
Parish (eg Mascot/South Lismore/Ballina)			
Confirmation: Date and Church			
COMPANIATION. Date and Church	•••••	•••••	

My child will be part of the First Eucharist Programme	Circle:		
and I will undertake cost involved: <u>\$10 to be paid.</u>	VEC	NO	
	YES	NO	

For correlation of information, and permission for this child to be part of this program, it is imperative that this form be filled in with the relevant information signed and brought to the Parish Administration. *Thank you*

Father Signature:Mother Signature

Parish Admin Centre: 53-57 Cherry Street, Ballina.