

HOLY TRINITY CATHOLIC PARISH

34 Stevens Street, Queenscliff, VIC, 3225

Telephone: 03 5258 1673

Email: queenscliff@cam.org.au

Website: www.holytrinityqueenscliff.org.au

Sacramental Classes (Tuesdays)

Our Lady Star of the Sea Church

68 John Dory Drive, Ocean Grove 3226



ENROLMENT FORM 2021

ENROLMENT, EMERGENCY AND MEDICAL DETAILS

Sacrament to be enrolled in: Reconciliation 1st Eucharist Confirmation

Child's name in full:
(Family name last in CAPITALS)

Address:

..... Telephone:

Email contact:

Name of person enrolling child:

Relationship to child:
(Mother, Father, Carer, Guardian etc)

Child's date of birth: Age

Date baptised:

Name of Church baptised:

Address of Church baptised:
.....

(Please provide a copy of your child's baptism certificate)

Name of person collecting child:

Telephone number: (Home)..... (Mobile).....

Please turn over to complete form

EMERGENCY DETAILS

Emergency contact person:

Telephone numbers: (Home)..... (Mobile).....

Medical (Confidential)

Child's Medicare Number:

Name of Private Health Insurance:

If yes, Membership Number:

Ambulance Membership (please circle): **Yes / No**

If yes, Membership Number:

Family Doctor's name:

Family Doctor's address:

.....Telephone Number:

Does your child have any medical conditions / allergies / asthma or any special needs?
.....

Does your child have any special dietary requirements?
.....

Is there anything that we should know about your child's needs?
.....

For Confirmation enrolments, please provide:

Father's name:

Mother's maiden name: