

**HOLY TRINITY PARISH**

*incorporating the Mass centres and communities of Barwon Heads, Ocean Grove, Point Lonsdale,  
and Queenscliff*

Parish Office & Presbytery: 34 Stevens Street Queenscliff VIC 3225

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**SACRAMENTAL PROGRAM**  
**ENROLMENT FORM 2023**

**ENROLMENT, EMERGENCY AND MEDICAL DETAILS**

**Sacrament to be enrolled in** (please tick one): Reconciliation  1<sup>st</sup> Eucharist  Confirmation

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

**Address:** .....

..... **Telephone/Mobile:** .....

**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 number: (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?

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Does your child have any special dietary requirements?

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

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**For Confirmation enrolments, please provide:**

Father's name: .....

Mother's name: .....

Mother's maiden name: .....