

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

Telephone: (03) 5258 1673 | Email: queenscliff@cam.org.au | www.holytrinityqueenscliff.org.au

SACRAMENTAL PROGRAM
ENROLMENT FORM 2024

ENROLMENT, EMERGENCY AND MEDICAL DETAILS

Sacrament to be enrolled in (please tick one): **Reconciliation** ☐ **1st 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: