

**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](mailto:queenscliff@cam.org.au) | [www.holytrinityqueenscliff.org.au](http://www.holytrinityqueenscliff.org.au)

**SACRAMENTAL PROGRAM**

**ENROLMENT FORM 2025**

*Return your enrolment form with payment and sacramental certificates  
to the parish office: [queenscliff@cam.org.au](mailto:queenscliff@cam.org.au).*

**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: .....

School Name: ..... Year Level: .....

Baptism Date: .....

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?

.....

Does your child have any special dietary requirements?

.....

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: .....

**If you wish to join the Parish's email distribution list (weekly bulletin & news),**

**please tick:**