



Our Lady of the Mission, Whitford Parish

Parish Religious Education Program (PREP)

ENROLMENT FORM 2025

CHILD'S DETAILS *(please use block letters)*

Surname		Given Names	
Date of Birth		Gender <i>(please tick)</i> :	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Attending		School Year	

Sacraments Received	Date Received	Name of Parish, and Place
Baptism		
Reconciliation		
Eucharist		

FAMILY INFORMATION AND CONTACT DETAILS *(please use block letters)*

Full Name of <i>Father</i>		Religion	
Full Name of <i>Mother</i>		Religion	
Mother's Maiden Name			
Home Address		Postcode	
Home Phone		Mobile Phone	
Email address			

EMERGENCY CONTACT

Name		Relationship		Mobile Phone	
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DUTY OF CARE

If your child has any physical, medical or educational needs that we should be aware of, please provide details:

ENROLMENT REQUIREMENTS

At the time of enrolment, please provide a copy of your child's **Baptism, Reconciliation and Eucharist Certificates**, if applicable. The **enrolment fees per school term** are **1st child \$40.00, 2nd child \$20, 3rd child \$10** & no charge for any subsequent children enrolled in the same year. If you require any further information, please contact the Sacramental Coordinator on **9307 2776** or via email to **sacramental.whitford@perthcatholic.org.au**

PARENTAL CONSENT & COMMITMENT

"As a parent, I consent to my child participating in the PREP, and I understand that I can best support my child in this program by ensuring my child's regular attendance to classes and Mass. I understand that if the minimum class attendance is not achieved, my child may not be allowed to receive the sacrament(s). I also agree to fully support my child in the preparation of the Sacrament(s), and I will attend all Information Sessions and Commitment Ceremonies, as and when required.

At PREP events, I also consent & understand that photo or video images may be taken of my child and may be used in parish publications only & must notify the Parish Office otherwise. I have read & affirm the PREP Duty of Care Statement."

Parent's Name: _____ Signature: _____ Date: _____