



## ENROLMENT FORM 2026

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

Surname		Given Names	
Date of Birth		Gender (please tick):	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:

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### ENROLMENT REQUIREMENTS

At the time of enrolment, please provide a copy of your child's **Baptism, Reconciliation and Eucharist Certificates**, if applicable.  
**Enrolment fees per year are: 1<sup>st</sup> child \$160.00, 2<sup>nd</sup> child \$80.00, 3<sup>rd</sup> child \$40.00, 4<sup>th</sup> child \$0.00 (or per school term are 1<sup>st</sup> child \$40.00, 2<sup>nd</sup> child \$20.00, 3<sup>rd</sup> child \$10.00, 4<sup>th</sup> child \$0.00.)** 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. Please tick ☐

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." Please tick ☐

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_