

# Northern Beaches

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# Catholic Parish

Reed Road  
Trinity Park Q 4879  
PO Box 1026  
SMITHFIELD Q 4879

## *Enrolment for the Sacraments of Confirmation & First Eucharist*

**Parent / Carer Names** .....

**Address** .....

.....

**Email** .....

**Phone:** ..... **Mobile:** .....

**Child's Name:** .....

**Child's Date of Birth** .....

**Child's School** ..... **Class** .....

**My / Our child** ..... (**name**) was baptised in the Parish of

..... on ..... (date)

**\*Please provide a copy of the Child's Baptismal Certificate**

I / we wish my / our child ..... to prepare for and receive the Sacrament's of Confirmation and First Eucharist (Holy Communion).

### PLEASE TICK

#### Confirmation:

Tuesday 7<sup>th</sup> June at 6pm  
St Monica's Cathedral

#### First Eucharist:

Saturday 11<sup>th</sup> June at 6:00 pm

**Holy Cross Church, Reed Rd, Trinity Park**

**OR**

Sunday 12<sup>th</sup> June at 8:30 am

**Holy Cross Church, Reed Rd, Trinity Park**

**OR**

Sunday 12<sup>th</sup> June at 5:30 pm

**All Saints Chapel,**

St Andrew's Catholic College Intake Rd, Redlynch

**Parent / Carer's Signature/s** ..... **Date** .....

..... **Date** .....