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Reed Road
 Trinity Park Q 4879
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 SMITHFIELD Q 4879

Enrolment for the Sacraments of First Reconciliation

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 of Reconciliation**

PLEASE TICK

First Reconciliation:

Tuesday 6th September at 6:00 pm

Holy Cross Church, Reed Rd, Trinity Park

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OR

Tuesday 13th September at 5:00 pm

All Saints Chapel,

St Andrew's Catholic College Intake Rd, Redlynch

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

..... **Date**