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## *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:**

Thursday 15<sup>th</sup> June at 6pm ☐  
St Monica's Cathedral

**First Eucharist:**

Saturday 17<sup>th</sup> June at 6:00 pm ☐  
**Holy Cross Church**, Reed Rd, Trinity Park

OR

Sunday 18<sup>th</sup> June at 8:30 am ☐  
**Holy Cross Church**, Reed Rd, Trinity Park

OR

Sunday 18<sup>th</sup> June at 5:30 pm ☐  
**All Saints Chapel**,  
St Andrew's Catholic College Intake Rd, Redlynch

Parent / Carer's Signatures ..... Date .....

..... Date .....

The information given on this form is private and confidential. It is used for the completion of relevant parish registers, and for the production of commemorative certificates. This information will not be available or accessible outside of the Northern Beaches parish office.