



Telephone: (07) 4057 6920
Facsimile: (07) 4057 6288
Email: secretary.trinitypk@cns.catholic.edu.au

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

Enrolment for the Sacrament 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 5th September at 6:00 pm

Holy Cross Church, Reed Rd, Trinity Park

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OR

Tuesday 12th September at 5:00 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.