

EUCCHARIST

St Jude's Catholic Church –Lynwood/Langford REGISTRATION FORM FOR SACRAMENT OF EUCCHARIST

School/After School Parish Religious Education Programme

Name of Child: _____ Date of Birth: _____		
School: _____ Year: _____		
Name of Father: _____ Religion: _____		
Name of Mother: _____ Religion: _____		
Address: _____ Post Code: _____		
Telephone No: _____ (H) _____ (M)		
Email: _____	<u>ALLERGIES / HEALTH ISSUES / MEDICATIONS</u> _____ _____ _____	
<u>EMERGENCY CONTACT</u>		
Name: _____		
Phone: _____		

Date of Baptism: _____	
Name of Church: _____	
Address of Church: _____	
Sacraments received after Baptism and Name of Church:	
• _____ Date: _____	
• _____ Date: _____	

I agree, that my child is required to attend the Eucharist Retreat and I give my consent for He/ She to be photographed & it Displayed in St Judes Church and school.

Signature of Parent/Caregiver

OFFICE USE ONLY

Received: _____ **FEE: \$50**

Date: _____