



St Mary's Parish, Dandenong

SACRAMENTAL PREPARATION ENROLMENT FORM FIRST EUCHARIST 2026

PARTICIPANT'S DETAILS: *(Please attach copy of your Child's Birth and Baptism Certificates)*

SURNAME: _____

FIRST AND MIDDLE NAMES: _____

DATE OF BIRTH: (DD/MM/YYYY): _____

NAME OF SCHOOL THE CHILD ATTENDS: _____

GRADE/ YEAR LEVEL OF THE CHILD: _____

DATE OF BAPTISM & WHERE: _____

PARISH & MASS TIME MOST OFTEN ATTENDED: _____

FATHER'S FULL NAME: _____

FATHER'S RELIGION: _____

MOTHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME (IF DIFFERENT FROM ABOVE): _____

MOTHER'S RELIGION: _____

HOME ADDRESS: _____

Suburb: _____ **Postcode:** _____ **State:** _____

EMAIL ADDRESS: _____

PARENTS' TELEPHONE NO: (FATHER): _____ **(MOTHER):** _____

WHAT LANGUAGE IS SPOKEN AT HOME: _____

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EMERGENCY CONTACT DETAILS:

FULL NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NO: (HOME): _____ (MOBILE): _____

MEDICAL INFORMATION:

MEDICARE NUMBER: _____ REFERENCE NUMBER: _____

EXPIRY DATE: _____

PRIVATE HEALTH INSURER: _____ MEMBER NO.: _____

AMBULANCE MEMBERSHIP NUMBER: _____

ANY EXISTING MEDICAL CONDITIONS (INCLUDING ASTHMA OR ALLERGIES):

ANY CURRENT MEDICATIONS: _____

LEGAL INFORMATION:

IS THERE ANYONE WHO IS LEGALLY RESTRICTED FROM SEEING YOU/YOUR CHILD?:

ARE THERE ANY SPECIAL ARRANGEMENTS REGARDING YOUR CHILD'S TRANSPORT TO OR FROM AN ACTIVITY? (SUCH AS A GRANDPARENT, BABYSITTER, ANOTHER CHLD'S PARENT, ETC. PICKING UP YOUR CHILD FROM THE PREPARARTION CLASSES?):

(If you answer yes – you will need to request a 'Permission to Collect Child form' from the Parish Office.)



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PLEASE TICK YOUR ANSWER

Do you consent to photographs/video images to be taken of you/your child and used without acknowledgement, remuneration or compensation in publications of Parish or the Catholic Archdiocese of Melbourne?

- ☐ No
☐ Yes

Do you consent that in the case of a Medical Emergency, the Parish Staff will seek proper treatment for you/your child including hospitalisation, injection, anaesthetic, or surgery as they may deem necessary, while every effort will be made to communicate with you prior to instituting such procedures?

- ☐ No
☐ Yes

Do you consent that in the case of a Medical Emergency, the Parish Staff may release you/your Child's Personal Medical Information as required by relevant medical personnel?

- ☐ No
☐ Yes

Are you and/or your child of Aboriginal or Torres Strait Islander origin?

- ☐ No
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander
☐ Yes, both Aboriginal and Torres Strait Islander

By signing below, the parent/guardian confirms having read and understood this document 'Sacramental Preparation Enrolment Letter and Enrolment Form' and, '*Protecting God's Children – Parent Resource: A Catholic Parent's Guide to Keeping Their Kids Safe*' and is willing to allow their child to participate in the Commitment Mass, Information Evening, the Sacramental Preparation Classes and Ceremony as outlined in the attached documents.

PARENT/GUARDIAN FULL NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PRIVACY POLICY:

- 1) This information is being collected for our records and Safeguarding purposes; for a 100-year period.
- 2) The information may be granted for public access e.g. family history.
- 3) You have a right to access this information at a later time.