



**CATHOLIC PARISH OF APPLECROSS
ST BENEDICT'S CHURCH
PARISH RELIGIOUS EDUCATION PROGRAM (PREP)
ENROLMENT FORM –
2017**

RE CLASS

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PLEASE COMPLETE THIS FOR USING BLOCK CAPITALS, INCLUDING THE EMAIL ADDRESS
(Please attach a photocopy of your child's baptismal certificate)

STUDENT'S NAME*

DATE OF BIRTH*

CLASS YEAR AT SCHOOL (2017)*

ADDRESS

POST CODE:

HOME PHONE NO

EMAIL ADDRESS

MOTHER'S NAME

MAIDEN:

MOTHER'S RELIGION

MOTHER'S CONTACT Nos

M: *WORK:*

FATHER'S NAME

FATHER'S RELIGION

FATHER'S CONTACT Nos

M: *WORK:*

OUR PARISH IS

SCHOOL ATTENDING*

*Please complete the details overleaf.
Please complete one form for each child you wish to enrol.*

*For a second child you
only need to fill in the
boxes marked **

**PLEASE COMPLETE THIS FOR USING BLOCK CAPITALS
PLEASE LIST THE SACRAMENTS THE STUDENT HAS RECEIVED**

	YEAR	PARISH
BAPTISM*	<input type="text"/>	<input type="text"/>
RECONCILIATION*	<input type="text"/>	<input type="text"/>
FIRST COMMUNION*	<input type="text"/>	<input type="text"/>

PLEASE LIST OTHER CHILDREN IN THE FAMILY

	CHILD'S NAME	DATE OF BIRTH
SIBLING 1	<input type="text"/>	<input type="text"/>
SIBLING 2	<input type="text"/>	<input type="text"/>
SIBLING 3	<input type="text"/>	<input type="text"/>
SIBLING 4	<input type="text"/>	<input type="text"/>

PLEASE LIST ANY PHYSICAL, EDUCATIONAL OR MEDICAL PROBLEMS WE NEED TO BE AWARE OF*

I/We _____ parent/guardian of _____

In the event that I/We are uncontactable, authorise my/our child/ren to receive emergency medical or dental attention should it be required. I/We have read and understood the Duty of Care Statement. I/We also consent to our child/ren being photographed.

PARENT'S SIGNATURE

DATE

For Office Use Only
FEE RECEIVED

PREP FEES: 1 Child - \$35 / \$65 - 2 or more children

\$

DUTY OF CARE STATEMENT

The Catholic Parish of Applecross has a duty of care to children attending the PREP on **Wednesday** afternoon during school term.

Your child's safety and well being are most important, and we seek your support and co-operation. Our Parish Catechists are dedicated volunteers who also have family or other commitments after classes.

We advise you therefore that:

- Classes commence at **4PM** and finish at **5PM**
- There will be supervision provided for your child/children **ten minutes before and ten minutes after classes.**
- All children **must be dropped off and picked up** promptly from **THE CHURCH FOYER** within these times.
- **It is the responsibility of parents to drop off and pick up their children.**
- Should your child/children arrive before this time and there is no Catechist to supervise, it is **your responsibility** to supervise your child/children until such time the Catechist arrives.
- St Benedict's School does not have a Duty of Care for any child attending the PREP and so the children are **not permitted** to play on any school playground equipment.
- If you are delayed in picking up your child/children, then it is **your responsibility** to make alternative arrangements.
- In case of emergency the Catechist Co-ordinator may be contacted on 9364 1120.
- As a safety precaution we ask that you follow the protocol of the parking area and enter via **Alness Street** and exit via **Alness Street.**
- It is your responsibility to ensure the child/children attend all classes and if they are unable to do so, please contact the child's teacher or Catechist Co-ordinator.

Fr Nelson Po
Parish Priest

Please sign:

I have read and understood the Duty of Care statement and wish to enrol my child for Religious Education classes at Applecross Catholic Parish. I enclose the enrolment fee with a copy of my child's Baptismal certificate.

Signature of Parent: _____