Catholic Parish of Applecross

St Benedict's Church

115 Ardross Street, Ardross WA 6153 PO Box 1831, WA 6953

Tel: 08 9364 1120

Contact: Rosa Ranieri

Email: stbenedicts.sacraments@gmail.com Website: www.stbenedicts.net.au

Sacramental Program 2026: Enrolment form

RECONCILIATION

Candidate Details

Surname: _____ **Given Name:** _____

DOB: _____ **YR**: _____ **SCHOOL:** _____

HOME ADDRESS: _____

Parent/Carer Details

FATHER'S Surname: _____ Given Name: _____

FATHER'S RELIGION: _____ PARISH (as above): _____

ADDRESS (as above): _____

Email Address: _____

MOBILE NO: _____ HOME NO: _____

MOTHER'S Surname: _____ Given Name: _____

MOTHER'S RELIGION: _____ PARISH (as above): _____

ADDRESS (as above): _____

Email Address: _____

MOBILE NO: _____ HOME NO: _____

ARE YOU REGISTERED AS MEMBERS OF ST BENEDICT'S CHURCH: YES _____ NO _____

If not, do you wish to register? Yes/No. By circling "yes" we will email you parish registration forms.

Are you registered at another parish? _____

A copy of the Baptism certificate is only required for children making the Sacrament of Reconciliation.

Checklist: Copy of Baptism Certificate ☐ Sacrament Fee Paid ☐

SACRAMENTS RECEIVED:

BAPTISM: Yes/No Date _____ Parish _____

RECONCILIATION: Yes/No Date _____ Parish _____

EUCHARIST: Yes/No Date _____ Parish _____

CONFIRMATION: Yes/No Date _____ Parish _____

Please list any Physical, Medical or Educational problems we need to be aware of:

_____

_____

Emergency Contact – Name: _____ Phone: _____

Consent & Agreement

I/We being the parent/guardian of give our consent and support to the following:

- Emergency medical attention (if we are not contactable) Yes ☐ No ☐
- Consent for our child to be photographed Yes ☐ No ☐

I/We, the undersigned, understand the role of Parents in the preparation of Sacraments and the importance of what is being undertaken. I/We will ensure we are punctual to class each week and will actively participate in each session. I/We are happy to attend the Commitment Mass, Parent Formation Night, Sacrament Workshop, and Rehearsal prior to the celebration of the Sacrament.

Father's Signature *or* ***Mother's Signature*** ***Child's Signature***

_____ _____ _____

Date _____

Are there any special circumstances we might need to be aware of, such as: visitation schedules, special learning needs, recent family changes, fears, etc.?

The fee to cover the expenses related to the Sacrament, (Presenters, Workshops, flowers, gifts etc.) will be $20 per child or $35 per family.
Please deposit enrolment fee into the following bank account:
BSB: 086 006
A/C No: 45048 6124
A/C Name: St Benedict's Parish Applecross
Ref: Reconciliation/child's surname

If you need assistance with the fee, please contact us. Do not allow the cost to keep your child/ren out of SACRAMENTS! We will work with you any way we can.

All completed forms with a copy of the baptism certificate (if applicable) to be returned to the Parish office by Friday, 13 March 2026.

If you have any queries please contact Fr Nelson or Rosa Ranieri to discuss on: stbenedicts.sacraments@gmail.com.

DUTY OF CARE

Applecross Parish has a duty of care to children attending rehearsals and parent/child workshops. Your child/ren are in the care of responsible adults who have a 'Working with Children Card'.

Your child/ren's safety and wellbeing are most important and we seek your support and co-operation.

- All children must be dropped off and picked up at rehearsals and parent/child workshops. Should your child arrive early and there is no adult to supervise, it is your responsibility to supervise your child until such time as a teacher/catechist arrives. The child must stay with you during this time.
- It is the parent's responsibility to drop off and pick up their child/children; if you are delayed in picking up your child, then you should make alternative arrangements.
- In cases of emergency contact Parish Office on 08 9364 1120.
- Your child/ren's photo may be taken at special events or in the classroom and this could be used on the Parish website, displayed on Parish notice boards or newsletter. Please indicate if you do not wish for this to happen. **Yes / No**

Parents please sign this form. I/we have read and understood the above.

Fr Nelson Po
Parish Priest

Rosa Ranieri
Parish Sacramental Coordinator

I/We the undersigned have read and understood the Duty of Care statement

Name: _____

Signature: _____ Date: _____

COLLECTION NOTICE

All information collected by Applecross Parish, Ardross, Western Australia is treated **CONFIDENTIALLY** and will not be used for any other purpose but Parish needs.

The primary purpose of collecting this information is to enable the Parish to administer the sacraments and pastoral care to the students. Information may be required to allow the Parish to meet some of the legal obligations, provide care for the child/ren while under supervision and discharge its duty of care.

It will be used for the purpose of ongoing planning, communication with Coordinators, Catechists, Teachers and Parish Priest, and for granting of certificates.

This information is given to:

- Coordinators to check for accuracy when updating the database
- The Church office as general statistics for annual update

Parents or guardians may seek access to personal information collected about them and their son/daughter by contacting the Parish.

The Parish will not disclose your information to any third party.