

SACRAMENTAL PROGRAM OUR LADY OF LOURDES PARISH BAYSWATER

CHILD'S NAME				
SCHOOL & YEAR LEVEL				
PARENTS' NAME				
PARENTS' PARISH				
ADDRESS				
CONTACT PHONE NUMBER				
EMAIL				
I/we would like to enroll my/our child to take part in the prepart of: RECONCILIATION EUCHARIST / FIRST HOLY COMMU CONFIRMATION				g of the Sacrament
DATE OF BAPTISM				
PLACE OF BAPTISM				
If your child was not baptized Please send back the comple			•	
		Baptism Certificate		
Office Use Only		Admin Fee of \$40		