



St Thomas Aquinas Parish

2024 Confirmation Enrolment Form

Name of Child: _____

Please print full name of child

Date of Birth: _____ Age: _____

Date of Baptism: _____

Church of Baptism: _____

Yes, a copy of my Child's Baptismal Certificate is attached to this form

School Attending: _____

Father's Name: _____ Religion: _____

(Or Carer's Name)

Father's/Carer's Signature: _____

Mother's Name: _____ Religion: _____

(Or Carer's Name)

Mother's Maiden Name: _____

Mother's/Carer's Signature: _____

Address: _____

Suburb _____ Postcode _____

Phone: Mother) _____ Father) _____

Email: _____

Date of First Reconciliation: _____

Church of First Reconciliation: _____

Date of First Holy Communion: _____

Church of First Holy Communion: _____

For Office Use Only

Entered into Padre: _____ Register: _____ Register Number: _____

Payment of \$40 per Sacrament, per family, is appreciated before the start of the sessions to cover the cost of materials. Payments can be made via our website www.staspringwood.org.au or the first parent session via eftpos

The information on this form will be used by the Parish in compliance with the Parish Privacy Policy.

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