**Catholic Education Group**

**Sacramental Preparation Class**

**Application Form**

Please complete this form using MS Word and forward the document to catholicedgroup@gmail.com.

I      (parent/guardian) wish to enrol       (child’s name) in the 2 year Catholic Sacramental Preparation Class from September 20      (enter year).

School Child attends :

Child’s current class in school :

Parent/guardian’s e-mail address:

Main contact mobile phone number:

Most communication with families is via e-mail or text. If you wish these notifications to be sent to both parents/guardians please provide the 2nd email address and mobile number here:

2nd email:      2nd mobile:

Emergency contact name       & number (if needed during class):       (If different from one of the 2 already given numbers)

Please select which of the following will apply to your child: (place and X in the box)

[ ]  will be collected after religion class

[ ]  is allowed leave the class unaccompanied (from Holy Trinity Parish complex)

I       (enrolling parent/guardian) acknowledge that it is my responsibility to inform any other parent/guardian of my child’s attendance at these classes.

[ ] I understand that if my email address or mobile phone number changes I must inform the Catholic Education Group.

If completing this form for Communion preparation, please note that this information will be held until your child is in 5th class – this is to allow us contact you with a reminder about starting Confirmation classes.