



*Our Lady Help of Christians Catholic Parish ROSEMEADOW*

**RECONCILIATION AND FIRST HOLY COMMUNION**

**ENROLMENT FORM 2025**

I wish to enrol my child for:

☐ Reconciliation

☐ First Holy Communion

**CHILD'S NAME:** \_\_\_\_\_ **GENDER: M/F:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PH:** \_\_\_\_\_ **MOB:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**GRADE:** (in 2025) \_\_\_\_\_

**PLACE OF BAPTISM:** \_\_\_\_\_

(Copy of Baptism certificate required if not baptised at OLHC or St Bede's Appin)

**DATE OF BAPTISM:** \_\_\_\_\_

**SPECIAL NEEDS:** (please indicate so we can accommodate this in the programme)

---

***OFFICE USE ONLY***

**BAPTISM CERTIFICATE**

☐ Copy attached

☐ not required- OLHC/Appin

**BIRTH CERTIFICATE**

☐ Copy attached

**PAYMENT DETAILS**

☐ Reconciliation \$25.00

☐ First Holy Communion \$25.00

**TOTAL PAID:** \_\_\_\_\_

☐ Cash ☐ EFT