Our Lady Help of Christians Catholic Parish ROSEMEADOW

RECONCILIATION AND FIRST HOLY COMMUNION
ENROLMENT FORM 2026

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 2026) _____

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 $30.00

☐ First Holy Communion $30.00

TOTAL PAID: _____

☐ Cash ☐ EFT