



# Family Faith Formation

Sacramental Program 2017-2018

Elizabeth Catholic Parish  
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Elizabeth North SA 5113

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## Programme Registration Form

*(This program is intended for children baptised in the Catholic faith and to those parent/s who would like their children to be baptised in the Catholic faith. Children who are interested in joining the program must be 7 years old upon completion of this form)*

Please complete this form and attach a copy of your child's baptismal or other relevant certificates and to be given back to your child's school Director of Spirituality or to the parish Sacramental Co-ordinator at Elizabeth Catholic Parish.

### Child's Details

Christian Name/s	Surname	Date of Birth
Father's Full Name	Mother's Full Name (include maiden name in brackets)	
Residential Address [this is the primary street address of your child, not necessarily the postal address]		

### Sacrament Details

My child has previously celebrated the following Sacraments of Initiation: (tick the corresponding box)

- Baptism
- Confirmation
- First Eucharist (Holy Communion)
- My child has not celebrated any Sacraments

These Sacraments were celebrated in a Catholic Church / ceremony:  Yes  No

My child is inquiring about celebrating the following Sacraments within the Elizabeth Catholic Parish: (tick the corresponding box)

- Baptism
- Reception (into the Catholic Church)
- Reconciliation (Confession)
- Confirmation
- First Eucharist (Holy Communion)

### Student Information:

My child is currently attending (name of school) \_\_\_\_\_

## Programme Registration Form continued...

### Contact Details:

[We ask here for the contact details of the parent/guardian(s) who will be responsible for the child's preparation within this programme. You will receive correspondence regarding the programme at the address/es you put here.]

<b>Parent/ Caregiver 1</b>	Title	Christian Name/s	Surname	E-mail	Home Phone
	No	Street / PO Box	Suburb	Postcode	Work / Mobile Phone
<b>Parent/ Caregiver 2</b>	Title	Christian Name/s	Surname	E-mail	Home Phone
	No	Street / PO Box	Suburb	Postcode	Work / Mobile Phone

### Contact Details:

[As the first educators of faith, parents are expected to take responsibility for the faith formation of their child, in conjunction with the Family Faith Team, the Elizabeth Catholic Parish community, godparents/sponsors and Parish Schools.]

As parent/guardian I/we understand I/we are making a commitment to help develop faith in my/our child:  Yes  No

### Photo Permission:

[Some of our documents and presentations include images of families who have participated in our Programme. On occasion, similar documents/presentations may be displayed at conferences for publicity/research purposes within the field of Christian Initiation. We take photographs/video recordings at some workshops. If you don't wish photos of your family to be used in documentation/presentations please tick no]

I/We give permission for videos/photos of my/our family taken throughout this programme to be used within documents/presentations for publicity/research/educational purposes in relation to Christian Initiation:

Yes  No

[During the course of this programme we necessarily gather information (such as contact details) about you that we store in a database. This information is used within our Family Faith Team, the Elizabeth Catholic Parish and the Archdiocese of Adelaide for correspondence, Sacramental Recording and support purposes. This information will be treated at all times with discretion and your privacy will be respected. Some of this information may be archived for a period of time but it will not be passed on to any other parties]

I/We authorise our personal information to be used during the course of the Family Faith Programme and after for ongoing Sacramental recording purposes as described in the above paragraph. I have read the authorisation/disclaimer section of this form and give permission for my child to join the Family Faith Formation Programme as an Enquirer of the Sacraments selected on the previous page:

Parent/Caregiver Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver Name/s: \_\_\_\_\_ Date: \_\_\_\_\_

**Elizabeth Catholic Parish**

*Return this form at the Rite of Inquiry*