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| **ST. MARGARET MARY’S**  **PARISH MERRYLANDS**  *(under the pastoral care of the Pauline Fathers)*  Parish Office: 1-5 Chetwynd Rd, PO Box 757 Merrylands NSW 2160  Ph: 02 9637 2526 Fax: 02 9637 2442  Email: [parish@stmm.org.au](mailto:parish@stmm.org.au)  *ABN 39 804 880 719* |  |

Enrolment Form for the Sacrament of Reconciliation 2023

# St. Margaret Mary’s Catholic Church, Merrylands.

Participant information Form

## Details of Child

**First Name**……………………………………………………………………………………………

**Surname:** …………………………………………………………………………………………….

**Address:** ………………………………………………………………………………………………

**Postcode:** ………………….

**Home Telephone:** …………………………………. **Mobile:** ………………………………………

**Email:** …………………………………………………………………………………………………

**Date of Birth:** ………………………………………… **Gender:** …………………………………...

**Mother’s Name:** ……………………………………………………………………………………..

**Father’s Name:** ………………………………………………………………………………………

**School currently attending:** ……………………………………………… Year: ………………....

### Has the child received any of the following sacraments?

[ ] Baptism [ ] Reconciliation [ ] Holy Communion [ ] Confirmation

**Date of Baptism:** ………………………………………………………………..........

### Place of Baptism:

[ ] St. Margaret Mary’s Merrylands

[ ] Another Parish **Name**: ………………………………. **Suburb**: ………………………

If not baptised at St. Margaret May’s Merrylands, please attach a copy of the Child’s Baptism Certificate.

## Emergency Contact 1:

**Name:** ……………………………………………………………………………………………………

**Relationship:** ……………………………………………………………………………………………

**Address:** …………………………………………………………………………………………………

**Home telephone:** ………………………………………….. **Mobile:** ………………………………….

**Preferred contact number:** …………………………………………………………………………….

### Religion:

[ ] Roman Catholic [ ] Catholic of another rite (please specify):

………………………………………….

e.g. Caldean, Maronite, Melkite, Ukrainian, etc.

[ ] Non Catholic (please specify): ………………………………………….

e.g. Anglican, Baptist, Orthodox, Pentecostal, Presbyterian, Uniting Church, etc.

### Sacraments received:

[ ] Baptism [ ] Holy Communion [ ] Confirmation

## Emergency Contact 2:

**Name:** ……………………………………………………………………………………………………

**Relationship:** ……………………………………………………………………………………………

**Address:** …………………………………………………………………………………………………

**Home telephone:** ………………………………………….. **Mobile:** …………………………………

**Preferred contact number:** ……………………………………………………………………………

### Religion:

[ ] Roman Catholic [ ] Catholic of another rite (please specify):

………………………………………….

e.g. Caldean, Maronite, Melkite, Ukrainian, etc.

[ ] Non Catholic (please specify): ………………………………………….

e.g. Anglican, Baptist, Orthodox, Pentecostal, Presbyterian, Uniting Church, etc.

### Sacraments received:

[ ] Baptism [ ] Holy Communion [ ] Confirmation

### Are there any reasons why contact should not be made? Yes / no If yes, provide details.

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

Medical Details

In order to provide for the individual needs of all the **Sacrament of Reconciliation 2023 Candidates**, we seek some important health information about the participant. Please note that at some gatherings, dinner or snack food may be provided. Please complete the form below by providing details of any medical conditions and health information of the candidate.

|  |  |  |
| --- | --- | --- |
| Medical Condition | Please indicate  **Y** = Yes **N** = No | Description |
| Heart Problems |  |  |
| Epilepsy |  |  |
| Asthma or other Respiratory problems |  |  |
| Allergies (e.g. peanuts, tree nuts, insect  stings, dairy, gluten) |  |  |
| Blood pressure |  |  |
| Phobias |  |  |
| Surgery/Operations |  |  |
| Recent illness |  |  |
| Prescribed medication required |  |  |
| Reaction to drugs |  |  |
| Mental illness |  |  |

Please give an outline of any current medical conditions:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

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|  |  |  |  |
| --- | --- | --- | --- |
| If applicable: |  | | |
| Is the participant subject to the following *(please tick)* |
| Hyperactivity | Yes  [ ] | No  [ | ] |
| Violent Outbursts | [ ] | [ | ] |
| Depression | [ ] | [ | ] |

Other (please give details):

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| Is the participant currently taking medication | [ ] | [ | ] |
| Does the participant regularly take any prescribed medication | [ ] | [ | ] |

*Please note: The Parish Priest may contact you to arrange a time to discuss the management of prescribed medications.*

Please give details of medication required:

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| Has the participant ever received penicillin? | [ ] | [ | ] |
| Has the participant ever had an allergic reaction? | [ ] | [ | ] |
| If yes – what substance was the cause of the reaction? |  |  |  |

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……………………………………………………………………………………………………………

…………………………………………………………………………………………………………… When was the last time the participant had a tetanus injection?

………………………………………………………………….

Is there any other information necessary for the safety, welfare and well-being of the participant, whilst attending preparation sessions or sacramental ceremonies?

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……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

Yes No

Is the participant covered by a medical fund? [ ] [ ] If yes, please specify:

…………………………………………………………………………………………………………… Medicare number: ……………………………………….……….. expiry date: ……………………

Yes No

Does the participant have any special dietary needs? [ ] [ ] If yes, please specify:

……………………………………………………………………………………………………………

…………………………………………………………………………………………………………… Family Medical Practitioner:

…………………………………………………………………………………………………………… Telephone Number:

…………………………………………………………………………………………………………… Please give an outline of the participant’s medical history for the past 12 months (e.g. broken bones, hospitalisation and why etc.):

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

## Consent to Medical Attention

I have completed the medical information section and have provided all relevant details required. In the case of a medical emergency or the requirement to provide medical treatment,

I consent to personnel of ***St. Margaret Mary’s Catholic Parish*** to prove first aid or arrange for my child to receive such medical or surgical treatment as may be deemed necessary.

Name (please print clearly):

…………………………………………………………………………………………………………… Signature: ……………………………………………………………. Date: ……………………………

**Sacrament of Reconciliation 2023** group selection**.**

I wish to enrol my child to participate in the following group.

[ ] Wednesday at 5.30pm – 6.30pm

[ ] Wednesday at 7pm – 8pm

Consent for child to participate in the **Sacrament of Reconciliation 2023 Preparation**

## Activities

I give permission for my child to participate in the **Sacrament of Reconciliation 2023 Preparation**

Activities at Merrylands Parish.

Furthermore I promise to support my child in growing in and learning their faith to the best of my abilities during this time of preparation.

Should any information that I have provided on this form change, I will notify the Parish Office at St. Margaret Mary’s Catholic Parish as soon as possible.

Name (please print clearly):

…………………………………………………………………………………………………………… Signature: ……………………………………………………………. Date: ……………………………

## Photograph/video Release Form

I give permission for images of my child, captured during regular Parish activities through video, photograph and digital camera, to be used for the purposes of St. Margaret Mary’s Catholic Parish promotional materials and publications, and agree that they will not be entitled to any payment or other benefit in relation thereto. The child’s surname will not be published.

Name (please print clearly):

…………………………………………………………………………………………………………… Signature: ……………………………………………………………. Date: ……………………………

**THIS FORM MUST BE RETURNED TO THE PARISH OFFICE ASAP**