



**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

ABN 39 804 880 719



Enrolment Form for the Sacrament of Reconciliation 2024

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:**

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 Mary's Merrylands, please attach a copy of the child's Baptism Certificate

Parent 1 Information:

Name:

Address:

Home telephone: **Mobile:**

Preferred contact number:

Religion:

Roman Catholic

Catholic of another rite (please specify):.....

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

Non Catholic (please specify):

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

Sacraments received:

Baptism

Holy Communion

Confirmation

Parent 2 Information:

Name:

Address:

Home telephone: **Mobile:**

Preferred contact number:

Religion:

Roman Catholic

Catholic of another rite (please specify):.....

e.g. Chaldean, 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.

.....

.....

Emergency Contact:

Name:

Address:

Home telephone: **Mobile:**

Preferred contact number:

Medical Details:

In order to provide for the individual needs of all the **Sacrament of Reconciliation 2024 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:

.....

.....

.....

If applicable:

Is the participant subject to the following (*please tick*)

	Yes	No
Hyperactivity	[]	[]
Violent Outbursts	[]	[]
Depression	[]	[]

Other (please give details):

.....
.....
.....
.....
.....

	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:

.....
.....
.....
.....

	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?

.....
.....
.....

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

.....

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

.....
.....
.....

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 provide 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 2024 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 2024 Preparation Activities -

I give permission for my child to participate in the **Sacrament of Reconciliation 2024 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