



**ST. MARGARET MARY'S
PARISH
MERRYLANDS**
(under the pastoral care of the Pauline Fathers)

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**Sacrament of Reconciliation
and Sacrament of Holy Communion 2025
ENROLMENT FORM**

Details of Child:

First Name.....

Surname:

Address:

Postcode:

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:**

Religion:

Roman Catholic

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

e.g. Chaldean, Maronite, Melkite, Ukrainian

Non-Catholic (please specify):

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

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

Non-Catholic (please specify):

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

Sacraments received:

Baptism

Holy Communion

Confirmation

Is there any reason why a representative of the Sacramental Programme cannot make contact with a parent? Yes / no

If yes, provide details:

Emergency Contact:

Name:

Address:

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

Medical Details:

In order to provide for the individual needs of all those receiving the **Sacraments of Reconciliation and Holy Communion in 2025**, 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 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:

.....
.....

Is the candidate subject to the following (please tick):

	Yes	No
Hyperactivity	[]	[]
Violent Outbursts	[]	[]
Depression	[]	[]
Other (please give details):		

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

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

(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 candidate ever received penicillin?	[]	[]
Has the candidate ever had an allergic reaction?	[]	[]
If yes – what substance was the cause of the reaction?		

.....
.....

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

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

.....
.....

Is the candidate covered by a medical fund? Yes [] No []

If yes, please specify:

Medicare number: Expiry date:

Does the candidate have any special dietary needs? Yes [] No []

If yes, please specify:

.....
.....

Family Medical Practitioner name:

Phone number:

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

.....
.....

Consent to Medical Attention

I have completed the medical information section and have provided all relevant details. 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 2025 group selection:

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

- Wednesday at 5:30pm – 6:30pm OR
- Wednesday at 7pm – 8pm

Sacrament of Holy Communion 2025 group selection:

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

- Wednesday at 5:00pm – 6:30pm OR
- Wednesday at 7pm – 8:30pm

My preference for the First Holy Communion Ceremony is:

- Sunday, 6th July 2025 at 3pm
- Sunday, 13th July 2025 at 3pm

***Please note:** the number of candidates per Holy Communion Ceremony will be capped to ensure an even distribution of candidates and to avoid over-crowding. Selecting a particular date DOES NOT guarantee this date for your child. The date of your child’s First Holy Communion Ceremony will be communicated to all parents shortly after the closing of enrolment into the programme.*

Consent for child to participate in the Sacraments of Reconciliation and Holy Communion 2025 Preparation Activities:

I give permission for my child to participate in the **Sacrament of Reconciliation and Holy Communion 2025 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):.....

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):.....

Signature: **Date:**

Consent for communication via Whatsapp

A Whatsapp Community Group for the Sacramental Programme 2025 will be set up by the Sacramental Coordinator. This will be used to communicate important information and reminders to all parents. Your phone number is not visible to anyone in the group except the Sacramental Coordinator. Messages will only be communicated by the Sacramental Coordinator on this Community Group. Please provide your details below if you would like to be added.

Parent name

Parent phone number

THIS FORM MUST BE RETURNED TO THE PARISH OFFICE.

An enrolment fee of \$50 per sacrament, per candidate (\$100 total per candidate) is payable to the Parish Office at the time of enrolment into the Sacramental Programme.