



St Mary's Catholic Parish  
Warwick

Sacramental Preparation 2025  
Sacramental Program

CANDIDATES FULL DETAILS:

CHILD'S FULL NAME: \_\_\_\_\_  
*(first, middle & surnames)*

DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_ SCHOOL: \_\_\_\_\_ CLASS: \_\_\_ (in 2025)

BAPTISED AT: \_\_\_\_\_ ON \_\_\_ / \_\_\_ / \_\_\_  
*(Church) (Parish)*

*If your child was not baptised at St Mary's, Warwick, please attach a copy of his/her Baptism Certificate.  
St Mary's Baptism Certificate/Register Record sighted*

SACRAMENTS:

Indicate which Sacrament/s your child will be enrolled into.

Reconciliation (Term 1 ~Year 3)

Confirmation (Term 2 ~Year 4)

First Communion (Term 3 ~Year 4)

PARENTS'/CARERS'/GUARDIANS' FULL DETAILS:

FATHER'S NAME/S: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
*(first, middle & surnames)*

MOTHER'S NAME/S: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
*(first, middle & maiden names)*

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

*(The Parish Office will be using email as the main form of communication)*

FEES:

**\$30.00 payable at beginning of Programme (includes all resources)**

PAID: \_\_\_ / \_\_\_ / \_\_\_ RECEIPT NO. \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_  
*(parent/carer/guardian)*

**FURTHER DETAILS:**

Are there any special circumstances that you wish to share to assist us in caring for your child and your family? Please write details here (all details strictly confidential)

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*Examples may include: Child has special needs or Child's mother/father has passed away, Parents are separated/divorced and living arrangements may affect availability on weekends or other times. A parent has remarried and child has different surname to that on Baptism Certificate.*

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**FAMILY LAW MATTERS:**

A copy of any Court Orders concerning residence arrangements for the Candidate, time spent by the candidate with either parent, or parents' issues, must be supplied with this Enrolment form.

Are there any such Orders? Yes/No

Has a copy of every such Order been attached to this enrolment form? Yes/No

I hereby give my consent for my child to receive the Sacrament of Reconciliation in the Catholic Church.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Privacy***

The privacy of all individuals with whom St Mary's Parish, Warwick interacts with is very important to us and we are committed to protecting all personal information we collect and hold. Our Privacy Policy is available at [www.twb.catholic.org.au](http://www.twb.catholic.org.au)