



Darra-Jindalee Catholic Parish

111 Yallambee Road, Jindalee Qld 4074 PO Box 3113, Mt Ommaney, Qld 4074
 ABN: 25 328 758 007

Phone: (07) 3715 8517 Fax: (07) 3715 8357 Email: sacramental.darjin@bne.catholic.net.au
 WEBSITE: www.darrajindaleecatholicparish.org.au

SACRAMENTAL PROGRAM ENROLMENT FORM

Enrolment will only be accepted with payment

Parents are requested to complete this application after careful consideration of the questions and their own responses.

Child's Details:

Full name of candidate: _____ Boy/Girl

Address: _____ Postcode: _____

Date of Birth: _____ Place in Family: _____

Nationality: _____ Religion: _____

School Attending: _____ School Year Level: _____

Date and Place of Baptism: (Place) _____ (Date) _____

(Please give the name of the Church & the Suburb)

(If your child has received any of these sacraments please indicate the date)

Reconciliation: _____ First Communion: _____ Confirmation: _____

Sacrament/s to be enrolled in: _____

Parent's Details:

	Father	Mother
Full Name		
Mother's maiden/family name	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Address		
Country of Birth		
Home Language/s		
Written Language/s		
Can speak English? Y/N		
Occupation		
Place of Work		
Phone number and Email address	W: _____ H: _____ M: _____ E: _____	W: _____ H: _____ M: _____ E: _____
Sacraments Received		
Religion		

State the **FULL NAME** to whom the correspondence should be addressed: _____

Brother(s) / Sister(s) Details:

Full Name: _____

Date of Birth: _____

School / Preschool / Kindergarten (if applicable) _____

Full Name: _____

Date of Birth: _____

School / Preschool / Kindergarten (if applicable) _____

Full Name: _____

Date of Birth: _____

School / Preschool / Kindergarten (if applicable) _____

Would you like to be contacted when your younger children are of age to receive the Sacraments? Yes / No

Regular parent involvement and support is vital in the catechesis of children, their preparation for reception of the sacraments and their ongoing faith development.

As the parent of _____ I am prepared to:

- ***Provide the opportunity for my child to attend Sunday Mass***
- ***Spend time with my child in prayer.***
- ***Attend all meetings and workshops***
- ***Ensure my child/children attends all Sacramental classes and workshops***
- ***Pay fees by the due date***

I am prepared to support and participate in the Parish Sacramental Programme and I understand all the expectations outlined above and agree to abide by them. I consider that my child's general faith formation and level of maturity is sufficient to enrol in the Parish Sacramental Programme.

Signature: _____ Date: _____

Copy of Baptismal Certificate MUST submitted for Sacramental Programme.

Father Daniel Carroll
Parish Priest

Privacy Collection Statement

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.



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DARRA- JINDALEE SACRAMENTAL PROGRAM CONSENT FORM

Name of Candidate: _____

Candidate's date of Birth: _____

Name of Father: _____

Name of Mother: _____

Permission to Use Photographic or Filmed Images

I grant to the Catholic Archdiocese of Brisbane, its representatives and employees the right to take video footage and photographs of my child to be used in connection with Darra Jindalee Catholic Parish. I authorise the Archdiocese, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

YES

NO

FAMILY LAW MATTERS

A copy of any Court orders concerning residence arrangements for the Candidate, time spent by the Candidate with either parent, or parenting 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 the Candidate to be admitted to these Sacraments of the Catholic Church as indicated below:

Baptism Confirmation First Holy Communion Sacrament of Penance

Father's Signature _____ Date _____

Print name _____

Mother's Signature _____ Date _____

Print name _____

Parish Office Use Only:

Date of Sacrament

Presider

Church

Date of Sacrament

Presider

Church

Date of Sacrament

Presider

Church

- Payment received
- Payment received
- Payment received
- Birth Certificate
- Baptism Certificate
- Family Law Document
- PACS
- Sacramental Register



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Sacramental Program

As you may be aware, it is the responsibility of the Parish to run the Sacramental Program each year. This arrangement is at the direction of the Archdiocese and this gives the Parish community the opportunity to come together and celebrate this special time as a community.

The parish supports this program financially but assistance by parents is required to cover the costs as listed.

Your contribution goes towards the purchase of workbooks, missals prayer books, photocopying, music copyright, certificates, medals, stationery, postage, church drapes/fabric and incidentals. The cost for the program is outlined below:

Sacraments	Amount	Year
Enrolment Process	\$20	2021
Confirmation	\$70	2021
Enrolment Process	\$20	2021
First Holy Communion	\$70	2021
Enrolment Process	\$20	2021
Sacrament of Penance	\$50	2021

All contributions must be paid before the ceremony.

The following methods of payment are accepted.

Cash Cheque Credit Card

EFT only payable at the Parish office during office hours

Should there be any problem with the contribution schedule please contact the parish office.

You can visit our office and pay cash or mail a cheque to:

Darra-Jindalee Catholic Parish, PO Box 3113, Mt Ommaney, Qld. 4074. Alternatively complete the credit card payment form and return to above address by mail or fax to: 3715 8517.

RETURN THIS FORM WITH YOUR CONTRIBUTION

Receipts will be issued in due course and will be handed to you.

Payment for Sacramental Program 2021

Parent Names: _____

Child's Name: _____

Address: _____

Confirmation Holy Communion Penance

(Please indicate which sacrament is being paid for)

Please tick:

- | | |
|---|---------------|
| <input type="checkbox"/> Cash | Amount: _____ |
| <input type="checkbox"/> Cheque (payable to: 'Darra-Jindalee Catholic Parish) | Amount: _____ |
| <input type="checkbox"/> Credit Card | Amount: _____ |
| <input type="checkbox"/> EFT only payable at Parish Office | Amount: _____ |

Please be advised that we do not keep your credit card details on our file. Once payment has been processed they are destroyed.

CREDIT CARD OPTION I authorize the Parish to charge my credit card with amount of \$ _____

Signature: _____ Date: _____

Card No _____ / _____ / _____ / _____

Expiry Date _____ / _____

Name on Card _____