**Goulburn Mission - CROOKWELL**



**Office**: Parish Centre

 36 Verner St

Goulburn@cg.org.au

PO Box 11

 Goulburn

 NSW 2580

ph: 02 6299863

 <http://cg.org.au/goulburn/Home.aspx>

Office Hours: Mon- Fri 8.30-12.30pm

SACRAMENT ENROLMENT 2021

**SACRAMENTAL ENROLMENT FORM (please print clearly)**

**SURNAME:**

**CHRISTIAN NAMES:**

**HOME ADDRESS:**

**PHONE NO.: Mobil:**

**EMAIL: \***

**SCHOOL: CLASS:**

**DATE OF BIRTH: / /**

**\*DATE OF BAPTISM: / / Certificate Sighted Yes/No**

 **(Office Use Only)**

**PARISH OF BAPTISM:**

If you do not have a copy of the Baptism certificate please contact the parish where Baptised and request one. Goulburn churches are on record here – please note which Church.

**PARENT/GUARDIAN DETAILS**

**FATHER'S FULL NAME: Religion**

**MOTHER'S FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_**

 ***MAIDEN* NAME:**

**I WISH TO ENROL FOR THE SACRAMENT OF:** (please circle sacrament)

 **Reconciliation Yr 3 $50 Received p/m Y/N**

 **First Holy Communion Yr 4 $50 Received p/m Y/N**

 **Confirmation (C’well) Yr6-7 $70 Received p/m Y/N**

 **Signed................................................Parent/Guardian**

***Questions you may have:***

**Sacramental email add: mqa.sacramental@gmail.com**

***How does the preparation run?***

Basically, it will only work with your support, in helping your child to complete the workbook at home and in bringing your child to take part in classes, and by attending our Sunday Masses.

***How do I Register my child***

You need to complete the above registration form, with payment to the Parish office

**15 February 2021**

Complete the Enrolment form - and return to the Crookwell Parish office

* email enrolment and credit card form
* EFT BSB 062 786 ACC 000014901 Ref: surname/SAC

 (please email receipt to goulburn@cg.org.au)

* Post to parish office
* Call into parish office- if paying by cash.

***IMPORTANT!***

You will also need to provide a photocopy of your child’s Baptism certificate with the enrolment form.

If your child was Baptised in this parish – we still require a copy of certificate with the date of Baptism and the Church they were Baptised in.

If you do not have a copy of the Baptism Certificate, please contact the Parish secretary of the relevant parish to arrange a copy.

***To continue:***

Please check the dates and the Sacrament preparation dates your child will need to attend before committing.

Reconciliation – will commence around 24 Feb. Celebrated 30 March

Eucharist- will commence around week of 4 May. Celebrated 5/6 June

Confirmation- will commence week of 3 Aug. Celebrated 11/12 Sept.

* Conformation candidates will be catching up on this Sacrament, as Covid as put us behind. There Will be Candidates from Yr 7, 8, 9+. All are very welcome!

*If you are not available to commit to attending classes and Masses over the weeks for the preparation you are welcome to enrol next year (around the same time Feb.) and continue with your Sacramental preparation.*

*Please contact the Parish office for any questions*

*Regards*

*Sharon Cashman*

*Parish Secretary*

*02 62399863*

# MARY QUEEN OF APOSTLES PARISH

The Goulburn mission

36 VERNER ST (PO BOX 11)

Tel: 02 62399863

EMAIL: goulburn@cg.org.au

**CREDIT CARD PAYMENT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request and authorise Mary Queen of Apostles Parish to arrange funds to be debited from my nominated credit card as detailed below:

NAME ON CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRY DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CV NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT FOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that your details will be held in the strictest of confidence and will be destroyed once loaded on the Bpoint System which forms part of the Commonwealth Bank.

SIGNATURE ON CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL FOR RECEIPT PURPOSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_