

ST SIMON PETER PARISH RELIGIOUS EDUCATION PROGRAM (PREP)

ENROLMENT FORM

General Information: [Please print]

SURNAME: _____ **CHRISTIAN NAME/S:** _____

DATE OF BIRTH: _____ **SEX: (Circle)** **M** **F**

CURRENT SCHOOL: _____ **SCHOOL YEAR:** _____

MOTHER'S NAME: _____ **MAIDEN NAME:** _____ **RELIGION:** _____

FATHER'S NAME: _____ **RELIGION:** _____

ADDRESS: _____ **POST CODE:** _____

PHONE: (HOME): _____ **(WORK):** _____ **(MOBILE):** _____

E-MAIL: _____

MEDICAL: Does your child have any physical, educational or medical problems we should know about?

Please supply details _____

I/We parent/guardian of the above enrolled child authorize the St Simon Peter Parish Religious Program to obtain any emergency medical treatment for my/our child if I/we cannot be contacted at the time it is required.

Family Doctor: Name: _____

Contact Details: _____

Signature of parent/guardian _____ **Date** _____

PHOTOGRAPHS: I give permission for the Group to use my child's photo for displays and articles.

Signature of parent/guardian _____ **Date** _____

BAPTISM CERTIFICATE: A photocopy is required for our records if not already supplied.

LEVY: Please note that there is a \$40 fee per child for the PREP program to cover cost of stationery and supplies, payable on the day of Enrolment on the 1st Wednesday Term One.

PRIVACY STATEMENT: The personal information you supply will only be used within the Parish for the Religious Education Program (PREP) and some information is passed onto the Parish Sacramental Co-Ordinator. The PREP will not disclose information about your child to any outside persons.