

**ENROLMENT FORM WALLSEND-SHORTLAND PARISH
SACRAMENTAL PROGRAM 2020**

CHILD'S FIRST NAME:	CHILD'S SURNAME:
SCHOOL:	CLASS:
DATE OF BIRTH:	DATE OF BAPTISM:
PLACE OF BAPTISM:	NAME OF PRIEST:
MOTHER'S NAME:	RELIGION:
FATHER'S NAME:	RELIGION:
CONFIRMATION NAME: (To be advised prior to Confirmation)	SPONSOR:
CHILD'S ADDRESS:	PARENT/CARER'S PHONE:
PARENT/CARER'S SIGNATURE:	PARENT/CARER'S EMAIL: