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| St Martha’s Catholic Church  **2020** **Confirmation** **Enrolment For** | | | | | | | |  | |
| **PLEASE COMPLETE ALL DETAILS ONLINE by Thursday 13th August.** | | | | | | | | | |
| **Candidate’s Details** | | | | | | | | | |
| Child’s Full Name | |  | | | | | | | |
| Date of Birth | |  | | Child’s Gender | | | Male / Female | | |
| School Attends | |  | | | | | Grade | |  |
| Confirmation Name | | Saint | | | **Confirmation name MUST be a recognised patron Saint’s name of the Catholic faith** | | | | |
| Sponsor’s Full Name | |  | | | **Sponsor MUST be a practicing Catholic and 16 years of age or older** | | | | |
|  | | | | | | | | | |
| **Family Details** | | | | | | | | | |
| Father’s Full Name | | |  | | | | | | |
| Father’s Religion | | |  | Mobile |  | | | | |
| Mother’s First & Maiden Name | | |  | | | | | | |
| Mother’s Religion | | |  | Mobile |  | | | | |
| **Contact Details** | | | | | | | | | |
| Home Address |  | | | | Ph: |  | | | |
| Email Address |  | | | | | | | | |

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| **Parish**  Would you like to assist as a Group Facilitator? 🞏 Yes 🞏 No  If Yes, please attend **Group Facilitators Meeting on Tues 21st July 2020 at 7pm** in the Parish Meeting Room. | | | |
| Do you attend Mass weekly at St Martha’s? If no, please state which Parish do you worship regularly at? | | 🞏 Yes 🞏 No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If Yes, which Mass(es)? | 🞏Sat 5:00pm 🞏 Sun 8am 🞏 Sun 10am 🞏Sun 6pm | | |
| Are you registered and contribute via our weekly planned giving envelopes? | | | 🞏 Yes 🞏 No |
| Would you like to contribute to our weekly planned giving? | | | 🞏 Yes 🞏 No |

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| **Details of Candidate’s Sacraments** | | | | |
| Parish where baptised |  | | Date |  |
| Parish of First Reconciliation |  | | Date: |  |
| Parish of First Holy Communion |  | | Date: |  |
| Are there any special needs/circumstances you may require assistance with? | |

**COMMITMENT TO THE SACRAMENT OF CONFIRMATION:**

**(To be read, discussed and signed by the candidate and both parents/caregivers)**

* I/We will attend the Information Session and Commitment Mass.
* I/We will attend Mass at St Martha’s Strathfield on a weekly basis especially  
  throughout the program.
* I/We will attend all preparation sessions and participate in the activities and   
  discussions throughout the Sacrament of Confirmation program.
* I will participate in the Sacrament of Reconciliation before Confirmation.
* I will try to use the gifts of the Spirit to help and serve others.
* I will accept more responsibility in my family, parish and community, now and in the future.

If there are any issues/difficulties with meeting the above requirements, please make an appointment to see Father Jack Cichy.

**Father Jack Cichy** in consultation with the Sacramental team reserves the right to defer any candidate if the requirements stated above are not fulfilled by the candidate and family. Father Jack’s decision will be final.

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| --- | --- | --- | --- | --- | --- |
|  | |  | |  | |
| Candidate’s Signature | | Mother’s Signature | | Father’s Signature | |
| Date: |  | Date: |  | Date: |  |

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|  | | |
| **Please email this completed form along with a copy of your child’s…**  **Baptismal Certificate**  **Reconciliation Certificate**  **and First Holy Communion Certificate**  **to…** [**sc@stmarthas.com.au**](mailto:sc@stmarthas.com.au)  **Payment can be made online via our website:** [**www.stmarthas.org.au**](http://www.stmarthas.org.au)  **Please visit the Reconciliation Page** *(the same page you downloaded this form from)*  **And click on the Make Payment button** | | |
| **Office Use Only** | |  |
| ❒ | Registration Form and payment received | **Date:** Amt: $85 |
| ❒ | Baptismal Certificate attached | **Parish:** |
| ❒ | Reconciliation Certificate attached | **Parish:** |
| ❒ | Communion Certificate attached | **Parish:** |
|  |  |  |

**CONSENT TO FILM OR PHOTOGRAPH A CHILD**

Name of individual child/children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

(**Child/children**)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ \_NSW\_\_\_\_\_\_\_\_ Age/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Parish: St Martha’s Parish Strathfield\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Administrator: Father Jack Cichy

1. **PHOTOGRAPHIC/VIDEO/AUDIO/COMMUNICATION RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[name of parent/caregiver],** of the abovementioned child/children, authorise St Martha’s Parish, Strathfield and/or its approved nominees, to take and use photographs, video or sound recording and any reproductions or adaptations of the student’s likeness (‘the material’), either in full or part, in conjunction with any wording or drawings, in any St Martha’s Parish publication, production and presentation. This includes electronic publications on the St Martha’s Parish website.

***Note: children will not be identified by name (without additional consent).*** 🞏 Yes 🞏 No

I also consent to the above material being used for promotional purposes in the media.

***Note: children will not be identified by name (without additional consent).*** 🞏 Yes 🞏 No

I acknowledge that neither I/we nor the abovementioned child/children have any commercial rights in any St Martha’s Parish publication, production or presentation which includes the material.

I/we understand that this material will not be provided to any third party, other than as set out in this document without our/my express consent.

1. **WHAT HAPPENS TO THE CONSENT FORM ONCE IT IS FILLED OUT AND SIGNED?**

The consent form will be placed in the sacramental file at St Martha’s Parish.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**Signature of Parent / Guardian**] [**Date**]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**Signature of Parish Priest**] [**Date**]