St Martha's Catholic Church, Strathfield

70 Homebush Road, Strathfield NSW 2135

Telephone: (02) 9746 6131 Fax: (02) 9764 3040

Sacrament Enrolment Form Email: sc@stmarthas.org.au



TERM 3 2024

FIRST HOLY COMMUNION

Dear Parents, Caregivers and Candidates, Attached is the application form for First Communion 2024 sacramental program.

ELIGIBITY TO RECEIVE THE SACRAMENT OF FIRST HOLY COMMUNION

- Your child must be in Year 3 or above in 2024
- Have received the Sacrament of Baptism and First Reconciliation.

ENROLMENTS CONCLUDE 6pm Monday 5th August 2024.

Your child's enrolment is confirmed when the parish office has received your completed form, payment and copy of Baptism and First Reconciliation certificate.

Please observe the following important dates:

2024 First Holy Communion Dates for Year 3 and above.

Information Session

Compulsory for one parent to attend (Both are welcome)

6pm Monday 5th August 2024

In the Church

1st lesson: 3:30pm Wed 7th or 3:30pm Sat 10th August

2nd lesson: 3:30pm Wed 14th or 3:30pm Sat 17th August

3rd lesson: 3:30pm Wed 21st or 3:30pm Sat 24th August

All lessons will take place in the School Hall and Church

4th lesson + Rehearsal:

3:30pm Wed 28th August or 3:30pm Sat 31st August

Sacrament Date:

12 noon 12 pm Sunday 8th or 15th September 2024

Enrolment Fee for First Holy Communion 2024 is \$50. (Cash or credit card) This Fee covers the cost of workbooks, resources, pins, necklaces and certificates.

NB: No child will be excluded from participating in our Sacramental Program due to any financial concerns. Please contact Father John Hayes in confidence with your situation.

For further information please contact the Sacramental Co-ordinator via email sc@stmarthas.org.au

Yours Sincerely,

Father John Hayes Parish Priest



St Martha's Catholic Church

2024 First Holy Communion

(Please print or write legibly.)
PLEASE COMPLETE ALL
DETAILS AND RETURN TO
THE PARISH OFFICE

Please circle your preferred dates:

Lessons

WED or SAT

Sacrament date:

12pm Sun 8th Sept or 12pm Sun 15th Sept 2024

Or either.

by Monday 5th August 2024. Parish Address: 70 Homebush Rd, Strathfield NSW

Candidate's Details	Γ									
Child's Full Name							T			
Date of Birth							Child's	Gender	Male/F	emale
School Attends									Grade	
Family Details Father's Full Nam										
Father's Religion							Mobile			
Mother's First & Maiden Name										
Mother's Religion							Mobile			
Contact Details Home Address							Contact			
Email Address										
Parish Do you attend M state which Pari					□ Yes	□ No			p	lease
If Yes, which Ma	•		. •	_	ın 8am	☐ Sun	10am	□Sur	n 6pm	
Are you registered				ekly plan	ned givir	g envelopes'	? [] Yes	□No	
Would you like to d	contribu	ite to our v	weekly pl	anned giv	ving?] Yes	□No	
Details of Candi	idate's	Sacram	ents – F	Please a	ttach a	copy of cer	tificate			
Parish where Bapt	ised						Date			
Parish Of First Reconciliation							Date			



COMMITMENT TO THE SACRAMENT OF FIRST HOLY COMMUNION:

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

- I will willingly participate in preparation for the Sacrament of Holy Communion.
- I will attend <u>all</u> preparation sessions and participate in the activities and discussions throughout the program.
- I will complete all homework.
- I will attend the Information Session for the First Holy Communion program.
- I will attend Mass at St Martha's Strathfield on a weekly basis especially throughout the period of Sacramental preparation
- 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 John.

Father John 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 John's decision will be final.

Date:	Candidate's Signature	Mother's Sigr Date:		Father's Si Date:	gnature			
□ □ Na	Payment Options Cash/chq enclosed \$50 I'm paying by credit card: MasterCard VISA EXP: Amt Name on Card Credit Card No Card South							
Si	gnature on Card		Date					
Offic	ce Use Only							
	Registration Form and payn	nent received	Date:		Amt: \$50.00			
	Baptismal Certificate attache	Parish:	Parish:					



CONSENT TO FILM OR PHOTOGRAPH A CHILD

Name of individua	child			
Address:				
State:	NSW	Age/s:		
Parish:S	t Martha's Parish S	<u>Strathfield</u>		
Parish Priest: <u>F</u>	ather John Hayes			
1. PHOTOGRAPH	IC/VIDEO/AUDIO,	/COMMUNICAT	TION RELEASE	
authorise St Marth video or sound rec either in full or pa	na's Parish, Strathf cording and any re t, in conjunction v	ield and/or its a productions or a vith any wordin	pproved nominees, adaptations of the st g or drawings, in any	abovementioned child/childrer to take and use photographs, tudent's likeness ('the material' o' St Martha's Parish publication e St Martha's Parish website.
Note: children will no	t be identified by nan	ne (without additio	onal consent). Yes	s □ No
I also consent to th	ne above material	being used for p	promotional purpose	es in the media.
Note: children will no	t be identified by nan	ne (without additio	onal consent). DYes	s □ No
_			ioned child/children esentation which ind	have any commercial rights in cludes the material.
I/we understand to			led to any third part	y, other than as set out in this
2. WHAT HAPPEN	S TO THE CONSEN	T FORM ONCE	T IS FILLED OUT ANI	O SIGNED?
The consent form	will be placed in th	ne sacramental	file at St Martha's Pa	rish.
Signature of Pare	nt / Guardian]		[Date]	
Signature of Pari	sh Priest]	[Date]		