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



Attached is the application form for Confirmation 2025 sacramental program.

ELIGIBIITY TO RECEIVE THE SACRAMENT OF CONFIRMATION

- Your child must be in Year 6 or above in 2025.
- Have received the Sacrament of Baptism and First Reconciliation and First Holy Communion

ENROLMENTS CONCLUDE: Monday 5th May 2025

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:

TERM 2 2025

2025 CONFIRMATION Dates for Year 6 and above.

Information Session Compulsory for one parent (Both are welcome)

6 pm Monday 5th May 2025

In the Church

1st lesson: 3:30pm Saturday 10th May

2nd lesson: 3:30pm Saturday 17th May

3rd lesson: 3:30pm Saturday 24th May

4th lesson: 3:30pm Saturday 31st May

All lessons will take place in the School Hall

Rehearsal: 6pm Friday 6th June 2025

Sacrament date: 6 pm Friday 13th June 2025

Enrolment Fee for Confirmation 2025 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 Haves Parish Priest

CONFIRMATION

St Martha's Catholic Church

2025 CONFIRMATION



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

by Monday 5th May 2025. Parish Address: 70 Homebush Rd, Strathfield NSW

Candidate's										
Details										
Child's Full Name									Male/F	emale
Date of Birth							Child's	Gender	IVICIO/1	T
School Attends									Grade	
										<u> </u>
Family Details										
Father's Full Nam	е									
Father's Religion							Mobile			
Mother's First & M	laiden Nan	ne								
Mother's Religion							1	1		
							Mobile			
Contact										
Details Home Address							Contact Number			
Email Address							·			
Ziliali / taarooo										
Parish Comm	unity									
Do you attend M state which Pari		-			□ Yes【	□ No			p	lease
If Yes, which Ma	ıss(es)? [⊒Sat 5	:00pm	□ St	ın 8am	☐ Sun	10am	□Sun	6pm	
Are you registered	and cont	ribute vi	a our we	ekly plar	ned givin	g envelopes	s? [] Yes	□ No	
Would you like to	contribute	to our v	weekly pla	anned gi	ving?] Yes	□ No	
Details of Cand	idate's S	acram	ents – P	Please a	ttach a c	opy of ce	ertificate			
Parish where Bapt	ised						Date			
Parish of First Reconciliation	-						Date			
Parish of First Holy	/						Date			



COMMITMENT TO THE SACRAMENT OF CONFIRMATION:

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

- I will willingly participate in preparation for the Sacrament of CONFIRMATION.
- I will attend all preparation sessions and participate in the activities and discussions throughout the program.
- I will complete all homework.
- I will attend the Information Session for our CONFIRMATION program.

First Holy Communion Certificate Attached

- 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.

Candidate Date:	e's Signature Date	Mother's Signature	Date:	Father's Signature		
Payment Op Cash/chq	enclosed \$50					
	by credit card: Maste	erCard VISA EXP				
Name on Car				Amt \$50.00		
Credit Card N	lo 🗆 🗆 🗆					
Signature or	n Card	Date				
		<u>I</u>				
ffice Use Only	,					
☐ Registra	tion Form and payment r	received	Date:	Amt: \$50.00		
■ Baptisma	Baptismal Certificate attached		Parish:			
First Rec	onciliation Certificate at	tached				
☐ First Holy	v Communion Certificate	Attached				



CONSENT TO FILM OR PHOTOGRAPH A CHILD

Name of individual child			
Address:			
State: <u>NSW</u>	Age/s:		
Parish: <u>St Martha's Parish</u>	Strathfield		
Parish Priest: <u>Father John Hayes</u>	5		
1. PHOTOGRAPHIC/VIDEO/AUDIC	D/COMMUNICA	ATION RELEASE	
authorise St Martha's Parish, Strath video or sound recording and any reither in full or part, in conjunction	nfield and/or its eproductions on with any wordi	ent/caregiver], of the abovementioned of approved nominees, to take and use phor ar adaptations of the student's likeness ('the ing or drawings, in any St Martha's Parish onic publications on the St Martha's Parish	otographs, the material n publication
Note: children will not be identified by na	me (without addit	itional consent). 🛘 Yes 🗖 No	
I also consent to the above materia	I being used for	r promotional purposes in the media.	
Note: children will not be identified by na	me (without addit	tional consent). 🛘 Yes 🗖 No	
_		ntioned child/children have any commerc presentation which includes the material	_
I/we understand that this material document without our/my express		vided to any third party, other than as set	out in this
2. WHAT HAPPENS TO THE CONSEI	NT FORM ONCE	E IT IS FILLED OUT AND SIGNED?	
The consent form will be placed in t	the sacramenta	al file at St Martha's Parish.	
[Signature of Parent / Guardian]		[Date]	
[Signature of Parish Priest]	[Date]		