

Sacrament Enrolment Form 2026

Dear Parents, Caregivers and Candidates,

Attached is the application form for the First Reconciliation sacramental program to be completed and returned to the Parish office or emailed through

ELIGIBILITY TO RECEIVE THE SACRAMENTS OF:

First Reconciliation in Term 4.

- Your child must be in Year 2 or above in 2026.
- Have received the Sacrament of Baptism.
(Arrangements can be if your child has not been baptised)

ENROLMENTS CONCLUDE: Monday 20th October 2026

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

Please observe the following important dates:

**2026 Reconciliation Dates for Year 2 and above.
(IN FOURTH TERM)**

**Information Session
Compulsory for one parent (Both are welcome)**

6pm Monday 20th October 2026

1st lesson: 3:45pm Sat 25th Oct

2nd lesson: 3:45pm Sat 1st Nov

3rd lesson: 3:45pm Sat 8th Nov

4th lesson + rehearsal: 3:45pm Sat 15th Nov

**All lessons will take place in the Parish Hall.
Final lesson in the Church.**

First Reconciliation Sacrament Liturgy

6pm Tuesday 18th or Wednesday 19th November 2026

Enrolment Fee for First Reconciliation 2026 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



TERM 4
2026

FIRST RECONCILIATION



St Martha's Catholic Church

2026 First Reconciliation (4th term)

(Please print or write legibly.)

**PLEASE COMPLETE ALL
DETAILS AND RETURN TO
THE PARISH OFFICE**

by **MONDAY 20th OCTOBER 2026.** Parish Address: 70 Homebush Rd, Strathfield NSW

Please circle your preferred date:
Sacrament date:
6pm Tues 18th Nov
or
6pm Wed 19th Nov 2026
Or
either

**Candidate's
Details**

Child's Full Name			
Date of Birth	Child's Gender	Male/Female	
School Attends	Grade		

Family Details

Father's Full Name			
Father's Religion	Mobile		
Mother's First & Maiden Name			
Mother's Religion	Mobile		

**Contact
Details**

Home Address	Contact number:	
Email Address		

Parish

Do you attend Mass weekly at St Martha's? If no, Yes No _____ please state which Parish do you worship regularly at?

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

Details of Candidate's Sacraments – Please attach a copy of certificate

Parish where Baptised	Date	
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COMMITMENT TO THE SACRAMENT OF RECONCILIATION:

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

- I will willingly participate in preparation for the Sacrament of Reconciliation.
- 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 the Reconciliation program.
- I will attend Mass at St Martha's Strathfield on a weekly basis especially throughout the period of the Sacramental program.
- 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's Signature	Mother's Signature	Father's Signature
Date: _____	Date: _____	Date: _____

Payment Options

Cash/chq enclosed \$50

I'm paying by credit card: MasterCard VISA EXP:

Name on Card Amt

\$50.00

Credit Card No

Signature on Card	Date
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Office Use Only

- Registration Form and payment received
- Baptismal Certificate attached

Date:	Amt: \$50.00
Parish:	

CONSENT TO FILM OR PHOTOGRAPH A CHILD

Name of individual child _____

Address: _____

State: _____ NSW _____ Age/s: _____

Parish: _____ St Martha's Parish Strathfield _____

Parish Priest: _____ Father John Hayes _____

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.

2. 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]