



[stkevinsparish.org.au](http://stkevinsparish.org.au)  
26- 44 Herlihy's Road,  
Lower Templestowe, 3107  
03)9850 5983  
[templestowe@cam.org.au](mailto:templestowe@cam.org.au)

# St Kevin's Parish Sacrament Registration Form

Reconciliation / Holy Communion / Confirmation

(please circle relevant Sacrament)

I/We \_\_\_\_\_ are aware of the importance  
of my/our child receiving the Sacrament of \_\_\_\_\_

I/We \_\_\_\_\_ promise to support my/our  
child along their journey of faith by committing to attend each part of the  
process of my/our child's preparation for this Sacrament.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please Note: One registration form per child per Sacrament*

Some of the below details will be on the Sacramental Certificate (please print)

Child's Baptism (Church & Suburb): \_\_\_\_\_

\_\_\_\_\_ Baptismal Date: \_\_\_\_\_

CHILD SURNAME: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mothers full Name: \_\_\_\_\_

Fathers full Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**I have attached copies of certificates of the following (tick relevant):**

**Baptism**

**Reconciliation**

**1<sup>st</sup> Holy Communion**



[stkevinsparish.org.au](http://stkevinsparish.org.au)  
26- 44 Herlihy's Road,  
Lower Templestowe, 3107  
03)9850 5983  
[templestowe@cam.org.au](mailto:templestowe@cam.org.au)

## St Kevin's Catechist Sacrament Payment Form

Dear Parent/Carer,

In order to cover the costs of the Sacraments, including expenses such as the certificates, medals, workshops etc., we will require a payment of \$150 made payable to St Kevin's Parish.

Please ensure that this payment accompanies the Registration Form when forwarding to 'Sacraments' c/- PO Box 985, TEMPLESTOWE 3106.

Or alternatively – drop off/email both registration form and payment slip with payment directly to the Parish House Office (Tuesday to Friday 9am-4pm).

**Please note: Each sacrament, per child requires \$150 payment.**

---

### Payment Slip

**Reconciliation / Holy Communion / Confirmation**

**(Please circle)**

Child's Full Name (please print): \_\_\_\_\_

Please find enclosed \$150 payment to cover expenses associated with celebrating my child's Sacrament at St Kevin's Parish, Templestowe.

Child's school \_\_\_\_\_

Cash

Cheque

Credit Card

Name on Card \_\_\_\_\_

Card Type **MasterCard / Visa**

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Amount \_\_\_\_\_