



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

1st Holy Communion



ST KEVIN'S TEMPLESTOWE

ABN: 48 230 838 560

26- 44 Herlihy's Road,
Lower Templestowe, 3107
Parish Office: (03) 9850 5983
All Correspondence to:
PO Box 985, Templestowe 3106
templestowe@cam.org.au
stkevinsparish.org.au

Office Use Only: Registration Form received Yes

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, stoles, 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 or email both completed registration form and payment slip with your payment directly to the Parish House Office (Tuesday to Friday 9am-4pm).

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

Payment Slip

Reconciliation / First Holy Communion / Confirmation

(Please circle)

Child's Full Name (please print): _____

Please include proof of payment and/or provide payment details as per below of \$150 to cover expenses associated with celebrating your child's Sacrament of _____ at St Kevin's Parish, Templestowe.

Child's school _____

Payment Method
(Please tick)

Direct Deposit

Credit Card

Cheque

Cash

Direct Deposit details -	Name: St Kevin's Parish Church Lower Templestowe	BSB: 083 347	Acc No.: 56506 3471
Message reference to include -	Family Name and Sacrament reference abbreviation ie: - Reco or FHC or Conf	Eg: SmithReco	
Direct Deposit Payment Receipt No.:	Date Paid:		

Credit Card Payment:	Name on Card	_____		
	Card Type	MasterCard	Visa	(circle one)
	Card Number	_____		
	Expiry Date	_____		
	Amount	_____		

Please Note: Confirmation of enrolment will be sent to you on receipt of successful payment.