

ST. PIUS X CATHOLIC CHURCH

1 AVOCA STREET, DERNANCOURT, SA, 5075

Phone: (08) 8261 2428

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PARISH SUNDAY SCHOOL

REGISTRATION FORM

(The Sunday School will begin on Sunday 5th May 2024 from 4.30pm to 5.15pm)

CHILD'S DETAILS

Name: _____ Surname: _____
Home address: _____ Age: _____
Date of Birth: _____ M / F (please circle)
School Attending: _____ Class / Year _____

SACRAMENTS RECEIVED

Baptism
Date: _____ Parish/Church: _____ Suburb: _____
Reconciliation
Date: _____ Parish/Church: _____ Suburb: _____
Eucharist
Date: _____ Parish/Church: _____ Suburb: _____
Confirmation
Date: _____ Parish/Church: _____ Suburb: _____

PARENT/FAMILY INFORMATION

Father's Full Name: _____ Religion: _____
Mother's Full Name: _____ Religion: _____
Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____ E-mail Address: _____

Child lives with:

Both Parents Mother Only Father Only Other (Please specify): _____

If child lives with one parent, please indicate who has legal custody and/or if child also lives with a step-parent: _____

If there is a joint custody arrangement, please provide **alternate full address and CONTACT NUMBER** :

PARENT/GUARDIAN EMERGENCY CONTACT DETAILS (Contact 1 – primary contact)

In cases of a medical emergency: In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. I can be contacted at the following telephone numbers:

Full Name: _____ Relationship to Child: _____
Daytime Phone No.: _____ Home: _____ Mobile: _____
Email Address: _____

Contact 2

(In the event that the primary contact is not available)

Full Name: _____ Relationship to Child: _____
Daytime Phone No.: _____ Home: _____ Mobile: _____
Email Address: _____

DOCTOR'S DETAILS

GP'S Name: _____ Phone Number/s: _____

Address: _____

Medicare Card No.: _____ No. on Card: _____

Private Health Fund: _____ Member No.: _____

MEDICAL DETAILS

Does she/he suffers from any illness? Y N If yes, please specify _____

Can she/he take Paracetamol (Panadol)? Y N

If yes, do you give permission for Catechists to administer it to your child in case of a need? Y N

Please specify any other medical, physical, or educational conditions or needs your child may have, or information we should know about your child.

CONTACT DETAILS FOR ALTERNATIVE PICK UP

If you are not able to pick up your child from or after Parish Sunday School activities, you give authorisation to a person(s) other than parent/guardian, to pick up your child from or after Sunday School activities. Use space at bottom of the page to include information of other authorised persons if you wish.

AUTHORISED PERSON

Full Name: _____ Relationship to Child _____

Daytime Phone No.: _____ Home: _____ Mobile: _____

Signature of Authorised Person: _____

Do you allow your child to return home by him/herself? Yes No Not Applicable

PHOTO PERMISSION

I give / I do not give (circle one) my permission for my child's photograph to be taken and/or displayed for educational/religious instructional purposes, newsletters, and our parish website.

[This form is designed to be completed by a parent/guardian of a child wishing to attend the Parish Sunday School Program. In signing the form, a parent/guardian is providing the parish with **written consent for their child to attend all activities related to the program**. We recognise that circumstances can change. Please inform the parish if there are any changes as soon as possible.]

N.B: The information provide by you will be kept confidential and is only required for the purpose of safeguarding and medical need of you your children.

I, the undersigned, being parent/guardian of the child named above, wish for the child to receive religious education at the above-mentioned Church.

Signature: _____ Date: _____

PRINT NAME: _____

OFFICE USE ONLY:

Baptismal Certificate:

Other certificates:

