Parish of St Michael · Thirroul

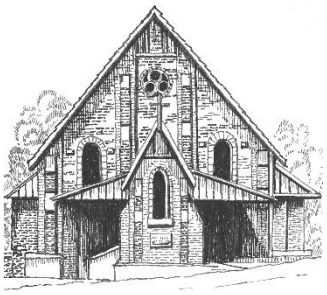
moving forward as a parish family

One of the Northern Illawarra Parishes

325 Lawrence Hargrave Drive, Thirroul
PO Box 44, Thirroul NSW 2515

02 4268 1910
www.thirroulcatholic.org.au ◆ thirroul@dow.org.au

OFFICE USE ONLY	
Received	
Acknowledged	
Entered	
Baptism Cert.	__ School __ Thirroul __ Other



ENROLMENT FORM FOR FIRST PENANCE AND COMMUNION

2026 — ENROLMENTS CLOSE ON 08 SEPTEMBER

Which Parish is the Candidate a member of? ☑ ☐ PARISH OF ST MICHAEL, THIRROUL ☐ OTHER: _____

Which School does the Candidate attend? ☑ ☐ PARISH SCHOOL OF ST MICHAEL, THIRROUL ☐ OTHER: _____

Candidate's **FAMILY NAME / SURNAME** _____

Candidate's **FIRST NAME** [**ONE NAME** only] _____

Candidate's **DATE OF BIRTH** ... **GENDER** _____ ☐ MALE ☐ FEMALE

D D M M Y Y ☑ ☑

What is the **HOME ADDRESS** of the candidate?

Street No. & Name _____

Suburb & Post Code _____

CONTACT DETAILS: *Home Phone* _____

Mobile Phone _____

YOU MUST PROVIDE AN EMAIL ADDRESS *Email Address* _____

Mother's Name _____ **Religion:** ☐ Catholic ☐ Other Christian ☐ Not Baptized ☐ None

Father's Name _____ **Religion:** ☐ Catholic ☐ Other Christian ☐ Not Baptized ☐ None

Unless your child was baptized in the Parish of St Michael, Thirroul, OR your child attends the Parish School of St Michael, you are required to attach to this Enrolment Form a COPY of the Certificate of Baptism

PARENTS' DECLARATION

Note: only ***parents*** or ***legal guardians*** may sign this form

In enrolling our child for this Sacramental Program,

Children's classes begin at 3:45pm sharp and conclude at 5:00pm.

Tick ✓ boxes that apply

- ☐ *least one parent will attend the parent meeting:* **19:30, 13 Oct**
- ☐ *we will see our child attends all classes:* **20 + 27 Oct & 10 + 17 Nov**
- ☐ *at least one parent will try to attend the classes with our child*
- ☐ *we will talk discussion matters over with our child*
- ☐ *we will check to see our child's homework is completed;*
- ☐ *we will attend the First Penance/Reconciliation:* **19:00, 28 Oct**
- ☐ *we will attend the Mass where our child receives First Communion*

Signature: _____
PARENT / GUARDIAN

Signature: _____
PARENT / GUARDIAN

This form is to be returned to the Catechist, or PARISH Office before 08 SEPTEMBER