**St Mary of the Angels Catholic Primary School**

**Enrolment Application**

**Programme of Sacramental Preparation 2025**

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**Child’s name: …………………………………………**

**Parent’s name: …………………………………………**

**Date of Baptism: ……………………………………….…………………………..**

**Parish of Baptism: …………………………………………………………………..**

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* **I wish to enrol my child ……………………….. on the programme of preparation to receive the sacraments of First Reconciliation and First Eucharist.**
* **I am willing to engage with and fully support the programme.**
* **I am willing to support my child with their faith journey**

**Signed: ………………………………………………………………………………………..………**

**Relationship to child: …………………………………………………………………………..**