



## FAITH FORMATION ENROLMENT FORM 20

|                                                           |  |            |        |          |
|-----------------------------------------------------------|--|------------|--------|----------|
| Parish Registration No                                    |  | Annual Fee | Paid   | Not Paid |
| Name of Student                                           |  |            | Grade  |          |
| Name of Father                                            |  |            | Mobile |          |
| Name of Mother                                            |  |            | Mobile |          |
| Address                                                   |  |            |        |          |
| Ward                                                      |  |            |        |          |
| Medication/Allergies if any                               |  |            |        |          |
| Emergency contact                                         |  |            | Mobile |          |
| Name of siblings attending Faith Formation                |  |            | Grade  |          |
|                                                           |  |            | Grade  |          |
|                                                           |  |            | Grade  |          |
|                                                           |  |            | Grade  |          |
| Baptismal Name                                            |  |            |        |          |
| Intention to receive any sacraments this year?            |  | Yes        | No     |          |
| Is the family contributing to the parish by Direct Debit? |  | Yes        | No     |          |

I, \_\_\_\_\_ give permission for my child who is under 18 years of age to participate in online class / session /quiz conducted by Faith Formation department under St Mary's Syro-Malabar Parish, Melbourne West as and when physical classes /session are not possible due to the COVID-19 situation in Australia.

**I further declare that I have no objection to my son's/daughter's:**

1. Session being recorded in ZOOM for record.
2. Image/video/recording being published/displayed in church related activity.
3. Use image/video/recording being displayed in social media platform like Facebook/YouTube under the banner of church.

I have read and understood the above conditions, and grant consent.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name \_\_\_\_\_