

PENANCE

**St Jude's Catholic Church –Lynwood/Langford
REGISTRATION FORM FOR SACRAMENT OF PENANCE**

School/After School Parish Religious Education Programme

Name of Child: _____ Date of Birth: _____

School: _____ Year: _____

Name of Father: _____ Religion: _____

Name of Mother: _____ Religion: _____

Address: _____ Post Code: _____

Telephone No: _____ (H) _____ (M)

Email: _____

<p style="text-align: center;"><u>EMERGENCY CONTACT</u></p> <p>Name: _____</p> <p>Phone: _____</p>	<p style="text-align: center;"><u>ALLERGIES / HEALTH ISSUES / MEDICATIONS</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
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Date of Baptism: _____

Name of Church: _____

Address of Church: _____

Sacraments received after Baptism and Name of Church:

- _____ Date: _____
- _____ Date: _____

I agree, that my child is required to attend the Penance Retreat and I give my consent for He/ She to be photographed & it Displayed in St Judes Church and school.

Signature of Parent/Caregiver

OFFICE USE ONLY

Received: _____ **FEE: \$50**

Date: _____