



First names:



D.O.B.

FAITH CLUB – ENROLMENT FORM

Surname:

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ddress:					Postcode
Iome Phone:	Emai	l Address:			
athers Name:			Mobile Pho	one No.:	Religion:
Nothers Name:			Mobile Pho	one No.:	Religion
School now attending:					Year Level:
our child has any food ood type	l allergies please li				
ood type					
		R	eaction		
teacher.		ure he/she brings i	t with them to ea		
if your child has an EPI P teacher. If your child has any lea Emergency Contact Det Name:	rning requiremen	ure he/she brings i	t with them to ea	nese with the	
eacher. If your child has any lea	rning requiremen	ure he/she brings into please list ther	t with them to exmand discuss the	Relation	teacher:
eacher. f your child has any lea Emergency Contact Det Name: Signature of Parent/Guar lese are the roles in Fai	rdian	ure he/she brings into please list there is please	t with them to ear	Relation	teacher: onship to Child:
eacher. f your child has any lea Emergency Contact Det Name:	rdian	ure he/she brings into please list there is please list the list there is please list there is please list the list there is please lis	e Number:	Relation Rel	onship to Child:

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