



St. Joseph Syro-Malabar Parish, Perth

(Syro-Malabar Eparchy of St. Thomas the Apostle, Melbourne)

SMC CATECHISM DEPARTMENT, WA

Email: smccatechismdep@gmail.com

CATECHISM REGISTRATION FORM 2021

Parish Registration No.					
Student Name					
Baptism Name					
Date of Birth					Male / Female (Please Circle)
2021 School Year					
Sacraments Received	Baptism	Reconciliation	Holy Communion	Confirmation	
Catechism Centre	Embleton	Joondalup	Maddington	Willetton	
Name of Father			Mobile No:		
Name of Mother			Mobile No:		
Emergency Contact Name & Number:			Home Tel. No:		
Family Unit Name					
Residential Address					
Father's Email Id					
Mother's Email Id					
Does your child want to participate in any of these activities/ Please Tick	Altar Service	Bible Reading	Choir	Mission League (CML)	Other Church Activities
Does your child have any Food Allergies or Medical conditions	Food Allergies	Medication	Other Comments		

As parents of a student attending Catechism we agree to abide by the rules and regulations of the St Joseph Syro-Malabar Parish Perth and Eparchy of St Thomas the Apostle, Melbourne, which may be made time to time to enhance the faith formation of my child. I/we agree that the parish may take photos of catechism events which may include my child and parish has the authority to publish them in the website or social media platforms for information and promotional purposes. I/we agree to cooperate with the traffic and parking directions in relation to the collection and drop-off of students at the centre. I understand that it is my responsibility to make sure that my child arrives on time and to pick up my child on time.

Father's Name: _____

Signature: _____

Mother's Name: _____

Signature: _____



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PARENT CONSENT FORM

Catechism Classes 2021

Name of the Child	
Catechism Class Year & Centre	
Name of Parent/Guardian	
Address of the Parent/Guardian	
Contact Number of Parent/Guardian	
Emergency contact	
Name	
Address	
Contact Number	
Relationship to the Child	

Authorisation/consent by the parent:

I,.....(name of the parent) consent to my child.....(name of the child) attending the Catechism classes conducted by the Saint Joseph Syro Malabar Parish Perth at(name/address of the Catechism centre/Mass centre). I consent to my child receiving medical treatments as deemed necessary, if you are unable to contact me or the emergency contact number given, at my own expense.

I,parent of..... authorize the persons listed below to pick up and drop off my child from the venue. (ignore if no one is assigned)

1. Name Phone

2. Name Phone

Signature of the Parent:.....

Date:.....