

Holy Cross Parish Henderson
2026 SACRAMENTAL PROGRAMME
Registration Form

PLEASE WRITE CLEARLY.

AGE REQUIREMENT FOR FIRST HOLY COMMUNION & FOR CONFIRMATION: 9 YEARS OLD AND ABOVE

Child's full name: _____

Child's age: _____ Date of birth: _____

Parents names: Father: _____

Mother: _____

Religion: Father: _____ Mother: _____

School: _____

Parents' contact number: _____

Parents' email: _____

SACRAMENTS:

Already received:

Would like to receive:

(this year)

Reconciliation

Confirmation

First Holy Communion

For Confirmation: Chosen Saint's Name: _____

Catholic Sponsor's Name: _____

If your child has been baptised, please fill in the details below:

Name of Parish where your child was baptised: _____

Date of child's baptism: _____

Please attach a copy of Baptism Certificate and Birth Certificate

Signature of Parents/Guardians

Date

PLEASE RETURN THE COMPLETED FORM TO THE PARISH OFFICE BY SATURDAY, 7TH FEBRUARY 2026.

Parish use only

Teacher: _____

Classes completed Y

N

Amount paid: _____ Date paid: _____

Cash

Eftpos

Online

Holy Cross Henderson Ecclesiastical Goods Trust 02-0108-0707323-000 Reference: Child's full name Particular:
Sac 2025

Costs for resources: \$30 per child

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MEDIA CONSENT FORM

Name of candidate being photographed /videoed _____

Name of authorising person _____

Relationship to the candidate _____

Event 2026 SACRAMENTAL PROGRAM

Location HOLY CROSS CHURCH HENDERSON & HOLY CROSS SCHOOL HENDERSON

I give consent to photographs and/or video imagery being taken of the person here named for the event specified above.

I give consent for image/s to be published in connection with this event only and that:

- First and last name is used
- First name is used
- No name is used

I understand that I can revoke this consent at any time in writing, which will result in immediate cessation of these images.

Signature: _____