

**WELLINGTON CENTRAL PASTORAL AREA**  
*Sacred Heart Cathedral, St Mary of the Angels & Otari Parish*  
**SACRAMENTAL PROGRAMME REGISTRATION FORM**

To be eligible:

1. Child must be at least 8 years old at the start of the Programme
2. Child must already be **baptised** at the start of the programme & **provide a copy of his/her BAPTISMAL** certificate with this registration\*
3. Parent/Caregiver and child will **commit** to the programme schedule. **Full attendance at these meetings is expected.**

**CHILD'S DETAILS**

Baptismal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents/Caregiver's Names \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Parish (where you attend church service) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**FEE & OTHER REQUIREMENTS**

A fee of \$70 should accompany this registration which will cover all three sacraments and a Children's Mass Book.

Sponsorship can be arranged, please discuss with any of the Sacramental Programme team members.

Payment options are as follows (*please tick one*):

- ☐ Internet Banking Acct # 02 0506 0138488 00, stating child's name and 'Sac Prog'
- ☐ Cash      ☐ Additional Children's Mass Book, \$12.50 each

A group photo for each parish group will be taken to publish in the Parish newsletters and to display in the Parish foyers.

Please indicate your preference with a ✓ : I wish \_\_\_\_\_ I do not wish \_\_\_\_\_ my child to be included in any photo taking.

The email address provided in this form, will be used to communicate any information and notices during the programme.

Please indicate your preference with a ✓ : I allow for my email to be shared with the parents' cohort \_\_\_\_\_ I prefer to be in a BCC list \_\_\_\_\_.

*I ask to enrol my child in the Sacramental Programme for receiving the 3 sacraments above. I understand that this involves attending **ALL** the parent meetings and classes for the children and I am **committed** to these dates. If my child is unable to attend the sessions and is not adequately prepared, he/she will re-join the following year's programme. I am willing and prepared to fully support this programme.*

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

**Contacts for further enquiries:**

Geraldine Irinco [Sacred Heart Cathedral]  
Otari Parish [St Teresa and St Thomas More]  
Bede Clarke [St Mary of the Angels]

[MCSH.SacramentalProgramme@gmail.com](mailto:MCSH.SacramentalProgramme@gmail.com) or 021 478 438  
[office@otariparish.co.nz](mailto:office@otariparish.co.nz) or 04 476 6131  
[bedeclarke@xtra.co.nz](mailto:bedeclarke@xtra.co.nz) or 027 460 4440

**Privacy Act – December 2020**

- The information requested on this form complies with the Privacy Act 2020.
- The information collected on this form will be used to assist us in the running of our Parish Ministries and updating parish roll information.
- We will keep this information stored electronically, and in some circumstances hard copy file, at the office of the Sacred Heart Cathedral.
- Completing this form gives your permission for us to retain your information.
- You may request to see your personal information held at any time.
- If you leave the parish your information will be archived in accordance with our information retention policy.