IMMACULATE HEART
OF MARY PARISH
SCARBOROUGH

SACRAMENTAL PROGRAM 2027 Tuesday, 10 November 2026

Dear Parents & Carers,

The preparation for and celebration of first sacraments are parish-based, school-supported activities. Sacraments mark key milestones in your child's Catholic education and personal faith journey. These are important moments of encounter with Jesus Christ. As parents and caregivers, you have the unique responsibility to encourage, support, and teach your child the faith. This is the solemn promise made at the time of your child's baptism.

I am asking you to continue this commitment to your child's faith formation, in terms of the requirements for the preparation of the sacraments, and your regular attendance at weekend Mass.

To register your child for the 2027 sacramental program:

- complete the attached paperwork, including parish membership forms.
- return them to me at the commitment Masses on the weekend of 30/31 January 2027.
- forms **must** be submitted on this date for your child to receive their sacrament in 2027.
- both parent/s and child are to attend one Mass on Saturday 30 or Sunday 31 January 2027.

Attendance is required at all workshops and events for your child to receive their particular sacrament in 2027. Please make note of the relevant dates in your calendar.

Our Sacramental Coordinator is **Sarah McNeill:** scarborough@perthcatholic.org.au. Please direct all sacrament-related enquiries to Sarah.

I thank you in advance for your support as your child prepares for these important celebrations. I look forward to seeing you at the parish over Christmas and throughout the year.

May God bless you and your family abundantly.

Fr Christian Irdi

+61 8 9341 1124
scarborough@perthcatholic.org.au
www.imaculateheartofmary.com.au
PO Box 156 Scarborough, WA 6922
104 Scarborough Beach Road
Scarborough WA, 6019

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SCARBOROUGH

FIRST RECONCILIATION
ENROLMENT FORM 2027

Please use **BLOCK LETTERS** when completing this form

APPLICANTS DETAILS					
SURNAME:					
FIRST NAMES:					
DATE OF BIRTH:		GENDER:	MALE ☐ FEMALE ☐		
HOME ADDRESS:		POSTAL CODE:			
DATE OF BAPTISM:		PLACE OF BAPTISM:			
SCHOOL ATTENDED:		YEAR:			
ALLERGIES:	YES ☐ (If YES, please provide details & action plan below)			NO ☐	
FATHER'S DETAILS					
FULL NAME:					
HOME ADDRESS (If different from child):					
CONTACT NUMBER:					
EMAIL ADDRESS:					
MOTHER'S DETAILS					
FULL NAME:					
HOME ADDRESS (If different from child):					
CONTACT NUMBER:					
EMAIL ADDRESS:					

Your child's photograph may be taken at special events or during classes to inform the Catechist Services Team at the Catholic Education Office or for display purposes in the Parish newsletters, notice boards, and on the website.

I GIVE CONSENT ☐ I DO NOT GIVE CONSENT ☐

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IMPORTANT DATES

Attendance is mandatory at all the events listed below.

- **COMMITMENT MASS:** (Immaculate Heart of Mary Parish)
  - **Saturday 30th January at 5.00pm**
  - **Sunday 31st January at 7.30am & 9.30am**

  *Parents & child need to attend **one** of the Commitment Masses on this weekend.

- **PARENT CHILD WORKSHOP:** (Immaculate Heart of Mary Parish Hall)
  - **Tuesday 2nd March at 5.00pm - 6.00pm**

- **RETREAT & REHEARSAL:** (St John's Primary School)
  - **Wednesday 3rd March at 8.30am - 2.50pm**
    The Retreat will begin with Mass at 9.00am.

- **SACRAMENT & Presentation of Certificates:** (Immaculate Heart of Mary Parish)
  - **Wednesday 17th March after 9.00am Mass**

To complete your enrolment in the 2027 Sacramental Program, please ensure that **all** required information (listed below) is submitted to Sarah McNeill **on the weekend of the Commitment Masses (30th & 31st January 2027).**

☐ SACRAMENT ENROLMENT FORM (this form)
☐ COPY OF BAPTISM CERTIFICATE
☐ COMPLETED PARISH MEMBERSHIP & DIRECT DEBIT FORM (if not already a member)

- I certify that the information provided is true.
- I commit to fully supporting my child's preparation for the Sacrament of First Reconciliation.
- I understand that attendance at **all** components is required for my child to be fully prepared to receive the Sacrament of First Reconciliation on **Wednesday 17th March 2027.**

Parent Name: _____ Signature: _____ Date: _____

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scarborough@perthcatholic.org.au
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PO Box 156 Scarborough, WA 6922
104 Scarborough Beach Road
Scarborough WA, 6019

SCARBOROUGH PARISH MEMBERSHIP FORM

IMMACULATE HEART OF MARY PARISH
SCARBOROUGH

ADDRESS DETAILS

Title & Name(s) for Mail:		Email:			
Address:		Suburb:		Postcode:	
Home number: (Please inform if silent no.)		Mobile:		Work:	
Names of adults at address other than householder 2:					

HOUSEHOLDER 1

Title	Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐			Occupation:	
Family/Surname:				Marital Status:	Wedding Date:
Given Name:				Maiden Name:	
Date of Birth:		Country of Birth:		Nationality:	
Language spoken at home:				Religious Denomination:	
Parish Involvement:				How long have you lived in the Parish?	
Baptised:	☐Y ☐ N	Date:		If Yes, Church & Location:	
Eucharist:	☐Y ☐ N	Date:		If Yes, Church & Location:	
Confirmed:	☐Y ☐ N	Date:		If Yes, Church & Location:	

HOUSEHOLDER 2

Title	Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐			Occupation:	
Family/Surname:				Marital Status:	Wedding Date:
Given Name:				Maiden Name:	
Date of Birth:		Country of Birth:		Nationality:	
Language spoken at home:				Religious Denomination:	
Parish Involvement:				How long have you lived in the Parish?	
Baptised:	☐Y ☐ N	Date:		If Yes, Church & Location:	
Eucharist:	☐Y ☐ N	Date:		If Yes, Church & Location:	
Confirmed:	☐Y ☐ N	Date:		If Yes, Church & Location:	

DEPENDANTS (Details of children living at home regardless of age)

Name of Child	Date of Birth	Country of Birth	M/F	BAPT	REC	EUCH	CONF	Name of School	Parish Involvement
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		
				☐	☐	☐	☐		

PLANNED GIVING

Currently enrolled ☐

I would like to enrol in the planned Giving Programme and Pledge					
A contribution of:	**$**	**Weekly** ☐	**Fortnightly** ☐	**Monthly** ☐	**Quarterly** ☐
I wish to make my contribution by (Please tick which applies)	For more information, please scan QR code or visit **www.immaculateheartofmary.com.au/donate**				
	Direct Debit ☐	**Credit Card** ☐	**Planned Giving Envelopes** ☐		

Additional Information: Is there anyone housebound living in your home? Yes ☐ No ☐

If **yes**, would they care to receive any home visits? E.g Sacraments, pastoral care etc.

Name:

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DIRECT Debit

Please complete and return this form:

Immaculate Heart of Mary Parish
BOX 156, Scarborough, WA 6922
scarborough@perthcatholic.org.au
(08) 9341 1124

Direct debit request

New/Amendment

Request and Authority to debit the account named below to pay The Roman Catholic Archbishop of Perth CATHOLIC DEVELOEPMENT FUND (CDF)

Request Authority to Debit

Tile	First Name(s) (or Company name)	Last Name (or ACN/ARBN)

Request and authorize *CDF – User ID. No. 72796* to arrange for any amount CDF may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Details of account to be debited

Name of Financial Institution

Address

Name of account to be debited
(eg Name in which the account is Held ie. John Smith)

(Insert details of account to be debited Eg. J & M Smith NO CREDIT CARDS OR ACCESS CARDS (if the number doesn't fit in the spaces provided, it's incorrect.)

BSB number ☐☐☐☐☐☐ **Account number** ☐☐☐☐☐☐☐☐☐

Frequency of Debit

Tick applicable contribution:

☐ **1ST COLLECTION – PRESBYTERY - CDF/AC NO. 1005767 S3.3**

Maximum amount $

The first debit may be made on ___/___/___

Weekly | Fortnightly | monthly | quarterly | half yearly | intervals thereafter, with the Final Payment Date (optional) ___/___/___

☐ **2ND COLLECTION – CHURCH - CDF/AC NO. 1005767 S3.4**

Maximum amount $

The first debit may be made on ___/___/___

Weekly | Fortnightly | monthly | quarterly | half yearly | intervals thereafter, with the Final Payment Date (optional) ___/___/___

Note: Scarborough Church CDF A/No. 1005767

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and CDF as set out in this Request and in your Direct Debit Request Serivce Agreement.

Your signature and address

Signature

(If signing for a company, sign and print full name and capacity for signing eg. Director)

Date

Address

Contact Number/s H: M: