



Catholic Association

Child's Name:

Child's Class in September:

Le Chéile Class Teacher:

Home Address:

Parish Church:

Address:

Parish Priest:

Telephone No.:

Diocese (please tick)

Meath

Dublin

Armagh

Parent/Guardian Contact Details

Alternative Contact No. (in case of emergency)

Name:

Home No.:

Mobile No.:

Email:

Please tick religion classes completed: Snr Inf 1st 2nd 3rd 4th 5th

Has your child received any of the following Sacraments (please tick):

Baptism

Communion

Confirmation

Baptism Cert rec'd (2nd & 6th) Y / N

Received & Agreed to Code of Behaviour (please sign here):

Has your child any learning, health or medical needs?

If yes, please specify: _____