Sacred Heart Parish – Cabramatta

RECONCILIATION OF ENROLMENT FORM

For children in year 4 or older who have already received Baptism

STUDENT ENROLMENT DETAILS

Child's Full Name _____

Address: _____

Date of Birth _____

Date of Baptism __/___/_____ Parish of Baptism _____

School child attends _____ Grade _____

Resident Address _____

_____

Time most suitable for lessons (circle one):

☐ **Saturday 4.50pm followed by 6pm Mass OR**

☐ **Sunday 8.50am followed by 10am Mass**

PARENT DETAILS

Father's Full Name _____ Religion _____

Mother's Full Name _____ Religion _____

Mobile _____ Email _____

Other Children:

Name _____ Date of Birth _____ Religion _____

Name _____ Date of Birth _____ Religion _____

Sacred Heart Parish – Cabramatta

CONSENT TO FILM AND PHOTOGRAPH A CHILD

Child Name: _____ **Age**_____
(**Child**)

I _____ (**parent/guardian**) agree to the following:

- my Child may be filmed and photographed when attending events or activities conducted by or in connection with the Catholic Archdiocese of Sydney (**CAS**);
- my Child's name and age as well as the audio and visual recordings of my Child (**Recordings**) may be reproduced and communicated by or on behalf of CAS in connection with CAS and the broader Catholic community in any media;
- all intellectual property rights, including copyright, in the Recordings are owned by CAS (or its representatives) and any intellectual property rights that I/my Child may have in the Recordings are fully assigned to CAS; and
- CAS may collect my/my Child's personal information to promote the activities of CAS and disclose that information to its authorised nominees for that same purpose. The privacy policy available at http://www.sydneycatholic.org/others/privacy.shtml provides information about how to access and seek correction of personal information, how to complain about a breach of Australian privacy laws, and how complaints are dealt with.

_____ _____
Signature of Parent / Guardian **Date**