



# St. Andrew's Parish

105 Greaves Street North, Werribee VIC 3030

Phone: 9741 4144 Fax: 9741 4433

ABN No. 28681862552

ALL CORRESPONDENCE TO:

## BAPTISM INFORMATION FORM 2022

P.O. Box 872, WERRIBEE VIC 3030

Website: [www.standrewswerribee.org.au](http://www.standrewswerribee.org.au)

Email: [werribee@cam.org.au](mailto:werribee@cam.org.au)

Child's Full Name(Incl middle names): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School \_\_\_\_\_ Year level in 2022: \_\_\_\_ Age: \_\_\_\_

Any Health Issues or Learning Difficulties: \_\_\_\_\_

### Father/Guardian Information

Name : \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Mobile: \_\_\_\_\_ Religion: \_\_\_\_\_

*If Catholic please attach a copy of the Baptism*

Email : \_\_\_\_\_

**Signature Father/Guardian :** \_\_\_\_\_

### Mother/Guardian Information

Name : \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Mobile: \_\_\_\_\_ Religion: \_\_\_\_\_

*If Catholic please attach a copy of the Baptism*

Email : \_\_\_\_\_

**Signature Mother/Guardian :** \_\_\_\_\_

**Please Note: Both parents need to sign the enrolment form.**

Are you and your family enrolled members of St. Andrew's Parish? **Yes/No** (Please circle)

Do you contribute to St. Andrew's Parish Stewardship Program? **Yes/No** (Please circle)

**Stewardship No:** \_\_\_\_\_