



ROSARYHILL SCHOOL CHAPEL
ENGLISH CATECHISM CLASSES FOR CHILDREN (Age 8-9)
APPLICATION FORM 20 - 20

41B STUBBS ROAD WANCHAI HONG KONG
TEL: 2572 0228 Fax: 2838 6141

Color Photo

Name: _____ (Given Names) _____ (Last Name)

Sex: Male / Female * Date of Birth: _____ (d/m/y)

Place of Birth: _____

Date of Baptism: _____ (d/m/y)

Place of Baptism (Please State Full Address of the Church):

School Attending: _____

Class / Year / Grade: _____

Father's Name: _____ Catholic/Non-Catholic/Catechumen *

Contact No.: _____ Occupation: _____

Mother's Name: _____ Catholic/Non-Catholic/Catechumen *

Contact No.: _____ Occupation: _____

Email Address: _____

Home Address: _____

Your Parish (or the church that your family regularly goes to):

I would like my child to attend catechism class for: *

() First Holy Communion

() Confirmation

* Please ✓ where appropriate.

(i) Please write in *clear letters/ numbers*.

(ii) Please complete and submit in person this Application Form together with a copy of your child's Baptismal Certificate.

Date: _____

Parent's Signature: _____