



CHURCH OF THE TRANSFIGURATION

CHILDREN & TEENS CATECHETICS REGISTRATION FORM

Instructions:

1. **Please complete this form in BLOCK (CAPITAL) LETTERS.**
2. All fields are required unless stated otherwise.
3. Please include the following documents with this registration form :
 - a. Copy of parent's/guardian's NRIC (front & back) for Singaporeans/PRs or documentary proof of residential address for foreigners;
 - b. Copy of child's/teen's birth certificate; and
 - c. Copy of child's/teen's baptism certificate (if the child/teen is baptised).

Please note that only duly completed and signed registration forms, with the above stated documents, will be accepted.

A. Catechism Level Selection (Please select one level only)

YEAR : **2018**

Pre-primary		Primary 1 – 6						Confirmation (for Secondary Level)			
K1	K2	L1	L2	L3	L4	L5	L6	L7	L8	L9	L10

B. Catechism Session Timings (Please indicate for first choice; for second choice)

For Pre-primary & Primary 1 – 6 (K1,K2,L1-6 Levels)		For All Confirmation Levels
Choice :	Saturday 2.00pm – 3.30pm	Saturday 5.30pm – 7.00pm (1 choice only)
Choice :	Sunday 9.00am – 10.30am	

C. Child's / Teen's Particulars

Surname / Family Name / Last Name :		Forename / Given Name / First Name :	
Birth Certificate / FIN / Passport No. :		Date of Birth (DD/MM/YYYY) :	Gender : MALE FEMALE
Residential Address :		Contact No. (Home / Mobile) :	
		Postal Code :	



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Current Education Level : PRIMARY SECONDARY : _____	Name of Current School :
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D. Child's / Teen's Roman Catholic Initiation Information

Baptism Name :	Church of Baptism :	
Date of Baptism (DD/MM/YYYY) :	Year of First Confession (if applicable) :	Year of First Communion (if applicable) :

If your child/ward was baptised in a Roman Catholic Church overseas, please provide the address of the Church of Baptism so that the church can be updated upon your child's/ward's confirmation :

Street 1 :	
Street 2 :	
City / Town :	State / Province / Region :
Country :	Postal / Zip Code :

E. Father's / Guardian's Particulars *

(* Please delete accordingly)

I am the primary contact in cases of emergency

Salutation :	Surname / Family Name / Last Name :	Forename / Given Name / First Name :
Religion :	Baptism Name (if applicable) :	Occupation :
Contact No. (Home / Mobile) :	E-mail Address :	



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F. Mother's / Guardian's Particulars *

(* Please delete accordingly)

I am the primary contact in cases of emergency

Salutation :	Surname / Family Name / Last Name :	Forename / Given Name / First Name :	
Religion :		Baptism Name (if applicable) :	Occupation :
Contact No. (Home / Mobile) :		E-mail Address :	

G. PERSONAL DATA POLICY

In compliance with Guidelines for the Protection of Personal Data and by submitting this form, I/We consent to :

- The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, disclosure, blocking, erasure or destruction ("Processing") of the personal data provided herein in this Form ("Personal Data") by the Parish;
- The Parish processing the Personal Data for the purpose of enrolling my/our child/ward into the Parish's catechism programme and/or for other uses by the Parish's Catechetical Ministry;
- The Parish transferring the Personal Data to other church entities within the Catholic Archdiocese of Singapore;
- The Parish transferring the Personal Data to other Roman Catholic Churches overseas for the purpose of updating of baptism/confirmation records if my/our child/ward was baptised overseas;
- The Parish taking photos, videos or audio recordings which may contain my/our child's/ward's image/audio and/or my/our image/audio and may be used for archival purposes on Parish's website, publications and/or for publicity purposes.

Signature of Parent / Guardian * (Please delete accordingly) :
Name of Parent / Guardian * (Please delete accordingly) :
Date :

Signature of Parent / Guardian * (Please delete accordingly) :
Name of Parent / Guardian * (Please delete accordingly) :
Date :