

RCIY APPLICATION

63A Chartwell Drive, Singapore 558758, Tel 6280 6076

APPLICANT							
Name in NRIC:				Gend	er:	Mal	e/Female
underline Surname Date of birth:							
DD/MM/YYYY			Place of birth:				
Address:							
Contact No.:	Hom	ne:			Mobile:		
Email:							
Profession: If student, do indicate the name of school							
I am enrolling for RCIY because:							
Have you been exposed to the Catholic Faith?			Yes / No If yes, how?				
Will you be able to commit to this process every Sunday from 10.30am-12.30pm?			Yes / No If no, reason:				
IMPORTANT PD	PA N	OTICE	::				
The Church of St Francis Xavier ("the Church") safeguards all personal data collected through any ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act 2012 ("PDPA").							
(a) The collection,	storage	e, retent	d by signing this form, I agree an tion, adaptation, modification, rea ne personal data provided by me	ading, re	trieval, use, t		
(b) The church entity.	tity proc	essing	my Personal Data for the purpos	e of my	registration f	or this	programme by the
			audio recordings which may con lications and for publicity purpos		mage/audio	and m	ay be used for archival
I certify the abov			is true to the best of my known of the last of my known of the last of the las	owledge	e and ackn	owled	lge and agree to abide
·							
Name and Sig	nature	9					Date
PARENT'S/GUA	RDIAI	N'S CO	DNSENT (For those below 2	1 years	s old)		
Parent's/ Gua			,	<u>, </u>		IINC :	
Name:					Signat	ure:	