



ST. WILFRID'S CATHOLIC CHURCH FIRST HOLY COMMUNION 2018 -2019

YEAR 2 & ABOVE
Baptised Catholics
&

Ages 7 to 11
un-baptised children
baptised non-Catholic children

Child's Details (Please print)

Christian name _____

Surname _____

Date of Birth _____ Age _____

Address _____

Telephone

Details of Baptism

(If the Baptism did not take place at St Wilfrid's you need to attach a **copy of the Baptismal Certificate** and the full name and address of the Church where the Baptism took place.)

Name of Church _____

Full Address _____

Date of Baptism

Current School _____ Year _____
(September 2018)

Parents Details

Mother Christian Name _____

Surname _____

Father Christian Name _____

Surname _____

Were you married in the Catholic Church? Yes No

If you want to marry or you want your marriage recognised in the Church speak with Fr. Vincent

Email

Parental Consent

I give permission for my child, named above, to begin formation for the reception of First Confession and First Holy Communion. As the first educator of my Child in the ways of Faith, I guarantee that I will assist him/her in the preparations and ensure that he/she attends Mass every Sunday and Holydays of Obligation and all the events contained in the formation program.

I give permission for photographs of my child to be displayed, as is the custom. I give permission for my details, and those of my child, to be stored and filed with access only granted, for the purposes of religion, by the Parish Priest.

In the unlikely event of any accident, injury or illness, I authorize Fr Vincent Flynn and/or his assistants to administer and/or to authorise, in my name, any first aid treatment, judged to be in my child's best interests, until I or another member of the family arrive to take charge of the situation. I draw your attention to the Medical Alert information entered below (if applicable) and will inform you in writing if there are any changes to this information which may affect my child's health.

Medical Alert

My Son/Daughter Suffers from the Following condition and takes the following medication

(E.g. Illnesses, Disabilities, Allergies any other conditions that we should be made aware of)

Emergency Telephone number _____

Signed Parent/Legal Guardian _____

Date _____

Check List

- | | |
|---|-------------------------------|
| 1. The form is signed. | ✓
<input type="checkbox"/> |
| 2. A Baptismal Certificate is enclosed
If the child was not baptized at St. Wilfrid's. | <input type="checkbox"/> |
| 3. A photograph is enclosed | <input type="checkbox"/> |
| 4. Fee of £20 is enclosed | <input type="checkbox"/> |

Those who can afford it are invited to pay £20 towards the cost of the books which will be used.