

ST. WILFRID'S CATHOLIC CHURCH FIRST HOLY COMMUNION

YEAR 3+
Baptised
up to Age 11

Child's Details (Please print)

Christian name _____

Surname _____

Date of Birth _____ Age _____

Address _____

Which Church does the child currently attend _____

Details of child's Baptism

(If the child is baptised, and the baptism did not take place at St Wilfrid's, you must attach a **copy of the Baptismal Certificate** together with the full name and address of the Church where the baptism took place.)

Name of Church _____

Full Address _____

Date of Baptism _____

Current School _____ Year _____

Parents Details

Mother First Name _____

Surname _____ **Current place of worship**

Father First Name _____

Surname _____ **Current place of worship**

Were you married in the Catholic Church? Yes No

If you wish to marry in the Church, please speak with a member of the clergy

Parental Consent

I give permission for my child, named above, to begin preparation for the reception of First Holy Communion & First Confession and or to be received into the Catholic Church. 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 or those equivalent to him in law.

In the unlikely event of any accident, injury or illness, I authorize the Parish Priest/Parochial Administrator 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 _____

Email _____

Signed Parent/Legal Guardian _____

If you do not understand the requirements and or purpose of the program, or have any questions concerning the information contained in this application, please speak with a member of the clergy prior to signing.

Date _____

Check List

1. The form is signed. •
2. A Baptismal Certificate is enclosed •
If the child is baptised & was not baptized at St. Wilfrid's.
2. A current photograph is enclosed •

St. Wilfrid's is part of the Archdiocese of Southwark, a Charitable Incorporated Organisation - Registered Incorporated Charity Number 1173050, which is committed to ensuring that the information we hold about parishioners and others is properly and securely managed in accordance with legal requirements on data protection and direct marketing. You can read our full Privacy Statement at www.rcsouthwark.co.uk. The information contained in this form will be retained until you withdraw your consent, except where the law permits, by contacting the Parish Priest or those equivalent to him in law.