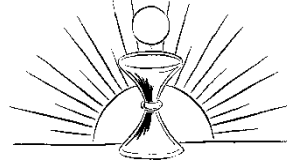


CATHOLIC CHURCH OF ST CHRISTOPHER



FIRST HOLY COMMUNION PROGRAMME 2024

ATTENDANCE AT EVERY CLASS IS VERY IMPORTANT AND SHOULD TAKE PRECEDENCE OVER OTHER ACTIVITIES THAT THE CHILDREN MIGHT PARTICIPATE IN

CHILD'S DETAILS (Please print clearly)

Christian names _____

Surname _____

Name as you would like it to appear on the First Holy Communion Certificate

Date of Birth _____

Address

Telephone Number _____

Church of Baptism _____

Date of Baptism _____

A copy of the Baptism Certificate must be provided with this form if your child was not baptised at St Christopher's.

Name of School _____ Year _____

PARENTS' DETAILS

Mother's name _____

Mobile Tel No _____

Father's name _____

Mobile Tel No _____

Email address _____

NB This will be used for all correspondence regarding First Holy Communion.

Parental Consent

I give permission for my child, named above, to begin formation for the reception of his/her 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 bring him/her to Mass every Sunday and Holydays of Obligation and to all the events contained in the formation programme.

I give permission for photographs of my child to be displayed, as is the custom.

In the unlikely event of any accident, injury or illness, I authorize the catechists 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 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.

Please give details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

Any other special needs, requirements or directions that would be helpful for the Catechists to know about:

Emergency Contact & Telephone Number _____

Signed _____ **Date** _____

Parent or Guardian

To be accepted for enrolment in the First Holy Communion Programme for 2024, the family of the child must be

- a) Resident within the boundaries of the Parish and regularly attending Mass at St Christopher's.**
- b) Resident outside the boundaries of the Parish but regularly attending Mass at St Christopher's.**

If these requirements cannot be met, enrolment on a First Holy Communion Programme is postponed until the requirements can be met.

CHECK LIST

- The form is signed**
- A copy of the Baptism Certificate is enclosed**
- A photograph is enclosed**