ENGLISH MARTYRS AND ST JOHN THE EVANGELIST CATHOLIC CHURCHES FIRST HOLY COMMUNION 2024/2025

Application form

Please complete this form in BLOCK CAPITALS and return it to the Parish Office, 15 Manor Crescent, Didcot OX11 7AJ

A. Child's Detail	S		
Surname:		Christian Name(s):	
Date of Birth:	Day Month Year	Age on 31.10.2024:	Years Months
Date of Baptism:	Day Month Year	Church of baptism:	
You must include with yo	our application a copy of your <u>child</u>	's baptism certificate.	
Name of child's prese	ent school:		
	behavioural, medical, or phys swering 'Yes,' please describe		ould be aware of?
i, an	swernig Tes, preuse deseribe	•	
B. Parents/Guar	rdians Details		
Mother's Name:		Relig	ion:
Father's Name:		Relig	ion:
Guardian's name:		Relig	ion:
Home Address:			
		Postcode:	

Home phone:		Mobile phone:	
Email address			
Please note that	most of our correspondence during the programme	is sent by email.	
Emergency Contact: Name		Telephone:	
C. Mass At	ttendance		
Which Sunday Mass do you usually take part in?			
How regularly do you attend Sunday Mass?		Weekly/ Fortnightly/ Monthly/ Less Often	
D. Parenta	al signature		
I confirm that t	he information given is true and accurate:		
Signed:			
Name:			

ENGLISH MARTYRS AND ST JOHN THE EVANGELIST CATHOLIC CHURCHES FIRST HOLY COMMUNION 2024/2025

Parent's Agreement

(Can be signed by both parents; must be signed by at least one parent)

I agree to the information provided on the application form being retained by English Martyrs Church and included on its electronic systems for the duration of the programme.

I accept my responsibility to work with the parish clergy and catechists in preparing my child for their First Confession and First Holy Communion and that this will include the following:

- Participating in all of the designated sessions for parents.
- Sincerely trying to bring my child each week to Sunday Mass.
- Bringing my child on time to all of the designated preparation sessions for children and ensuring my child brings to each session their workbook.
- Supporting my child at home in completion of the chapters of the workbook.
- Ensuring that my child makes their First Holy Communion on the designated date and time.

I understand that should I neglect the above responsibilities without good cause as shall be decided by the Parish Priest my child's First Communion will be deferred until another time.

Print Name(s):
Print Name(s):
Date:
Date

Signed.