

Parish of the Immaculate Conception, Bicester

SACRAMENTS OF RECONCILIATION AND FIRST HOLY COMMUNION

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|--|---|
| Name of Child | |
| Date of Birth | |
| Date of baptism | |
| Was your child baptised in this parish? | Yes / No If not, please give details: |
| Home Address | |
| | Postcode: |
| Name of parents or guardians | |
| Religion of parents or guardians | Mother Father |
| Telephone Number | Home: Mobile |
| Email address | |
| Contact name and number for emergency use. | Name: Number: |
| Which school does your child attend? | |
| Does your child have any medical condition or allergies of which we should be aware? | YES * (please give details) *delete as required NO* |
| Do you give permission for your child to receive first aid if required? | YES* *delete as required NO* |
| Do you attend Mass in this parish? | Yes / No * (delete as required) * If no, in which parish do you worship? |

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| <p>Why do you wish for your child to be prepared for the sacraments of Reconciliation and holy Communion?</p> | |

Please read the following and then sign and date as shown.

- I understand that attendance is compulsory at the **Introductory Rite** and at **all classes** for the Sacraments of Reconciliation and First Holy Communion.
- I understand that it is my responsibility to ensure that my child attends Sunday Mass regularly.
- I undertake to help my child to prepare for the Sacraments through prayer, example, discussion and completion of tasks set as part of the parish programme.
- I give permission for my child to be supervised by the Catechists at the Church of the Immaculate Conception.
- I enclose £10 in payment for all course literature. *(Please make cheques payable to The Parish of the Immaculate Conception and return with this form to the enrolment).*

Signed _____ (parent/guardian)

Date _____