

Parish of the Immaculate Conception, Bicester

SACRAMENTS OF RECONCILIATION AND FIRST HOLY COMMUNION

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?

<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. The Catechists will request that parents accompany their child during sessions if their child's behaviour is difficult to manage.
- 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 meeting on Monday 9th September 2013).*

Signed _____(parent/guardian)

Date _____