

The Parish of Effingham & Fetcham

THE SACRAMENT OF FIRST HOLY COMMUNION AND RECONCILIATION APPLICATION FORM

SURNAME: (child) _____

FIRST NAMES: _____

DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE: _____

EMAIL: _____

PLACE OF BAPTISM: _____

DATE OF BAPTISM: _____

SCHOOL: _____ YEAR GROUP: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____

EMERGENCY MOBILE CONTACT: _____

MEDICAL CONDITIONS/MEDICATIONS/ALLERGIES - WE NEED TO KNOW ABOUT?: _____

PARENTAL CONSENT I agree to my son/daughter _____

Attending the First Holy Communion Course and being supervised by the FHC catechists.

Signature of parent: _____ Date: _____

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Arundel & Brighton, is processed in accordance with the Diocese's Privacy Notice, which is available at www.dabnet.org.

Please return the enrolment form together with the baptismal certificate to Fr. Charles or Deacon Ian after Mass