SALISBURY CATHOLIC CHURCHES FIRST HOLY COMMUNION FORM

1. Parent 1					'	viale			Female
Name									
Date of birth									
Marital status	Maiden Name								
Address									
			F	Posto	code				
Home Phone									
Mobile Phone									
Email									
Religion	Catholic		Other (specify)						
Ethnic/Cultural Origin	for pastoral purposes only				Prefer not tick here if applicable to say			oplicable	
Occupation									
2. Parent 2				Male				Female	
Name									
Relationship to person above					Marit statu				
Date of birth					Maid Nam				
Address if different to above	Postcode								
Home Phone									
Mobile Phone									
Email									
Religion	Catholic		Other (specify):						
Ethnic/Cultural Origin	for pastoral purposes only				Prefer not to say			tick here if applicable	
Occupation									
3. Parents' Mar	riage Details	(Ple	ease complete detai	ls be	low if _l	parent	s are	e mar	ried.)
Date of Marriage	Location				Name of minister (if known)				

Full Name (including surname)	Date of birth	Date of baptism	Church & Town/City of Baptism	Gender (M/F)	
School/s attended:	-	<u> </u>		•	
5. Name for the First Com (Please write your child's name <u>ver</u> certificate at the end of the program	<u>y clearly</u> exa	actly as you would lik		ir FHC	
Name/s:					
6. Other Children under 1	7 in your	household			
Name Date of birth	of Baptis	ed First Commu (Date)	union Confirmed (Date)	School / college	
7. Which church(es) do yo	ou most o	commonly atte	nd?		
St Gregory's		Holy Redeemer		St Osmund's	
└─── 8. How else can we help y	/OU2				
A house blessing		A lift to mass	A ho	A home visit	
Receive Communion at home		Info about Catholic schools	or h	A telephone call or help with our website	
		nariah aammuu	m:41.42		
9. Are you already involved If 'No', and you would like to be parish life you would like to join	ecome invol				

10. Parental/Family Involvement

The passing on of the faith to children is, first and foremost, the role of the family and most faith formation happens not in church but at home. We respect this and hope to do everything we can on this programme to support you. We warmly invite you to be involved in the delivery of the First Communion Programme in whatever capacity you feel comfortable. Some parents

would to offer help during some or all of the sessions and one of the team will contact you. Thank you. I am happy to help with the delivery of the programme in some way and to receive a call from one of the team to discuss this further. 11. Photograph permission During the First Holy programme, we may wish to use photographs and/or names of your child/children taking part in the sessions, for display on our board or our website. Before any photographs can be displayed, the consent of the parent or guardian must be obtained and by signing this form you are giving consent. You may withdraw your consent at any time by informing us in writing/by email and sending on to the programme co-ordinator. The programme organisers can only be responsible for photographs taken by an authorised person on the programme and cannot be responsible for photographs taken by other parties (such as other parents/families). Please confirm your consent by putting your initials in the appropriate boxes and signing below. Child/children's name/s Initial here I consent to photographs of my child/children being taken during the course of the programme for use on a display/prayer board. Initial here I consent to the use of the first name only of my child/children in displays of individual/group photographs. Initial here I consent to the use of these photographs on the parish website/social media accounts. Initial here I understand that services in all of Salisbury Catholic Churches are video recorded and livestreamed/available on the internet. Parent/Guardian Signature Date 12. Data Consent/ Preferences Please tick to receive the weekly newsletter by email (this is useful as programme announcements/changes often feature in the newsletter). Please tick to indicate that you are happy for us to contact you by email. (You may unsubscribe from emails at any time) I confirm that the individuals whose information is provided on this form have given their consent for it to be provided for the Salisbury Catholic Churches database. Signed Name Date

like to play a practical role, helping with drinks and break time; others prefer to work in small groups helping the children with their 'work' or leading an activity. Please tick below if you

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FOR OFFICE USE ONLY

BEFORE ENROLMENT – tick when completed

Acknowledgement of application							
Parent/child details entered/ch							
Child/ren added to appropriate							
Parent/s added to appropriate							
a. Child baptised in Salish							
b. Copy of baptism certific	cate supplied						
GDPR Privacy Statement sent							
CONTACT ON PAMIS	Distribution Lists:	Sent	Confirmed				
	Newsletter						
	Occasional Parish Emails						
Photo Permission	NO / PARTIAL / FULL						
AFTER FIRST RECONCILIATION	ON – tick when completed						
Date of First Reconciliation							
Reconciliation entered as 'eve							
Child entered in 'Receptions' b							
AFTER FIRST HOLY COMMUNION – tick when completed							
Date of First Holy Communion							
Location							
Priest							
FHC entered as 'event' on chil							
OUTREACH – tick when comple	eted						
·							
Have Outreach requests (Q8, 9	& 11) been acted upon?						
Please record details							

Form updated : 26/05/2019