SALISBURY CATHOLIC CHURCHES
FIRST HOLY COMMUNION FORM

1. Parent 1

☐ Male ☐ Female

Name				
Date of birth				
Marital status		Maiden Name		
Address	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				

2. Parent 2

☐ Male ☐ Female

Name			
Relationship to person above		Marital status	
Date of birth		Maiden Name	
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' Marriage Details *(Please complete details below if parents are married.)*

Date of Marriage	Location	Name of minister *(if known)*

4. Child/ren presented for First Holy Communion & Reconciliation

Full Name (including surname)	Date of birth	Date of baptism	Church & Town/City of Baptism	Gender *(M/F)*
School/s attended:				

5. Other Children under 17 in your household

Name	Date of birth	Baptised *(Date)*	First Communion *(Date)*	Confirmed *(Date)*	School / college

6. Other family members living with you (e.g. elderly relatives/adult offspring)

Name	**Relationship to you**

7. Which church(es) do you most commonly attend?

☐ St Gregory's ☐ Holy Redeemer ☐ St Osmund's

8. How else can we help you?

☐ A house blessing ☐ A lift to mass ☐ A home visit

☐ Receive Communion at home ☐ Info about Catholic schools ☐ A telephone call or help with our website

9. Are you already involved in our parish community? ☐ Yes ☐ No

If 'No', and you would like to become involved, please give an indication of which aspects of parish life you would like to join.

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

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 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	
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.	*Initial here*
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 ……

Information provided on this form is processed in accordance with Salisbury Catholic Churches Privacy Policy which is available at https://salisburycatholics.org/privacy-policy or from the parish office.

FOR OFFICE USE ONLY

BEFORE ENROLMENT – tick when completed

Acknowledgement of application form sent to parent/s	
Parent/child details entered/checked in PAMIS	
Child/ren added to appropriate FHC group on PAMIS	
Parent/s added to appropriate FHC group on PAMIS	
a. Child baptised in Salisbury Catholic Churches? OR	
b. Copy of baptism certificate supplied	
GDPR Privacy Statement sent to parents	

AFTER FIRST RECONCILIATION – tick when completed

Date of First Reconciliation	
Reconciliation entered as 'event' on child record in PAMIS	
Child entered in 'Receptions' book if necessary/appropriate	

AFTER FIRST HOLY COMMUNION – tick when completed

Date of First Holy Communion	
Location	
Priest	
FHC entered as 'event' on child record in PAMIS	

OUTREACH – tick when completed

Have Outreach requests (Q8, 9 & 11) been acted upon? ☐

Please record details

……

……

……

……

……