**Sacramental Programme 2021-22**

**First Holy Communion**

**REGISTRATION FORM**

**Details of child**

|  |  |
| --- | --- |
| **FIRST NAME OF CHILD** | **SURNAME/LAST NAME OF CHILD** |
|  |  |
| **CHILD’S DATE OF BIRTH** |  |
| **SCHOOL ATTENDED** |  |

**Details of Baptism**

**Please tick one of the three boxes below**

|  |  |
| --- | --- |
| **Child is baptised Catholic** |  |
| **Child is baptised in another Christian church** |  |
| **Child is not baptised but would like to be** |  |

**If the child is baptised, please give details of baptism**

|  |  |
| --- | --- |
| **Church of baptism** |  |
| **Date of baptism** |  |

**Details of parent(s)/guardian(s)**

|  |  |
| --- | --- |
| **Name(s) of Parent(s)/Guardian(s)** |  |
|  |
| **Address** |  |
|  |
|  |
|  |
| **Phone Number** |  |
| **Email Address** |  |
| **Please tick if you have Internet access** |  |

**Signed by Parent/Guardian**

**Please note that in signing this form, you are agreeing to support your child in attending Mass every week from November to June and also the Saturday preparation sessions.**

|  |  |
| --- | --- |
| **Signature of Parent/Guardian** |  |
| **Date** |  |

**PLEASE RETURN THIS FORM BY WEDNESDAY 3 NOVEMBER 2021 AT THE LATEST, TO SCHOOL OR SACRED HEART CHURCH TO ENSURE THAT YOUR CHILD IS REGISTERED FOR THE PROGRAMME.**

**God bless, Fr Kevin Murphy**