Application Form for the First Holy Communion Programme 2025

(Please write clearly in BLOCK CAPITAL LETTERS)

Child's Details Α.

Α.	Surname				
	First Name (s)				
В.	Date of Birth				
This programme is open only to children who are not less than 8 years of age.					

Date of Baptism

Church/Place of Baptism)

(If you do not know – don't worry. Everyone is asked to bring the certificate of Baptism from the church where your child was baptised. If your child is not baptised at all or was not baptised in the Catholic Church, please inform Fr. Nnam Di Obi)

Name of Child's Present School

Does your child have medical conditions or special needs (learning/behaviour) that we need to be aware of? Yes / No

(If answering 'Yes', please attach written details. This will help us make the most appropriate provision)

Β. **Parents/Guardians Details**

Mother's Name	Religion	
Father's Name	Religion	
Home Address		
Post Code		
Home / Mobile Phone		
Email Address		

С. **Mass Attendance**

Which Sunday Mass in this parish do you usually attend..... How regularly do you usually take part in Sunday Mass? Weekly/ Fortnightly/ Monthly/ Less Often Our parish follows the guidelines for the protection of children issued by Clifton Diocese; and all the health and safety guidelines.

To comply with data protection legislation we also need your agreement:

- a) That the information provided on this forms may be retained by the parish of Holy Family, Swindon incorporated into an electronic file;
- b) That these details may be made available by the parish of Holy Family, Swindon, at its discretion, to any person or body assisting with the First Holy Communion programme.

I, the undersigned, being the parent / carer of _

would

like him/her to make his/her First Holy Communion and I agree to this information being retained by the parish of Holy Family, Swindon included on its electronic systems.

Signature

Date