

ENGLISH MARTYRS AND ST JOHN THE EVANGELIST CATHOLIC CHURCHES FIRST HOLY COMMUNION 2024/2025

Application form

Please complete this form in BLOCK CAPITALS and return it to the Parish Office, 15 Manor Crescent, Didcot OX11 7AJ

A. Child's Details

Surname: Christian Name(s):

Date of Birth: Age on 31.10.2024:
Day Month Year Years Months

Date of Baptism: Church of baptism:
Day Month Year

You must include with your application a copy of your child's baptism certificate.

Name of child's present school:

Does your child have behavioural, medical, or physical needs that we should be aware of? Yes/No <i>If answering 'Yes,' please describe.</i>

B. Parents/Guardians Details

Mother's Name: Religion:

Father's Name: Religion:

Guardian's name: Religion:

Home Address:

..... Postcode:

Home phone:

Mobile phone:

Email address:

Please note that most of our correspondence during the programme is sent by email.

Emergency Contact: Name

Telephone:

C. Mass Attendance

Which Sunday Mass do you usually take part in?

How regularly do you attend Sunday Mass? Weekly/ Fortnightly/ Monthly/ Less Often

D. Parental signature

I confirm that the information given is true and accurate:

Signed:

Name:

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Parent’s Agreement

(Can be signed by both parents; must be signed by at least one parent)

I agree to the information provided on the application form being retained by English Martyrs Church and included on its electronic systems for the duration of the programme.

I accept my responsibility to work with the parish clergy and catechists in preparing my child for their First Confession and First Holy Communion and that this will include the following:

- Participating in all of the designated sessions for parents.
- Sincerely trying to bring my child each week to Sunday Mass.
- Bringing my child on time to all of the designated preparation sessions for children and ensuring my child brings to each session their workbook.
- Supporting my child at home in completion of the chapters of the workbook.
- Ensuring that my child makes their First Holy Communion on the designated date and time.

I understand that should I neglect the above responsibilities without good cause as shall be decided by the Parish Priest my child’s First Communion will be deferred until another time.

Signed:

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Print Name(s):

.....

Print Name(s):

Date: