

First Reconciliation and First Holy Communion Application Form.

Child's name (as to appear on the certificate) _____

Place of birth _____ Date of Birth _____ / _____ / _____

Parish of Baptism _____

Date of Baptism _____ / _____ / _____ (Baptism Certificate MUST be provided)

School child attends _____

Mother's name _____

Mother's maiden name _____

Mother's religion _____

Father's name _____

Father's religion _____

Address _____

E-mail _____

Phone _____

Please note:

Full participation in all aspects of the preparation programme is required for children to receive the Sacraments of Reconciliation and First Holy Communion.

Please tick to indicate your acknowledgement of participation.

I would like my child to begin preparation for Reconciliation and First Holy Communion.

We will attend all Masses & sessions.

I am available to assist as a Parent Helper during all sessions.

I _____ (parent) and my child _____ understand that we are making a commitment to attend all preparatory sessions and that failure to attend will result in my child not being able to make the sacrament.

Please inform us if your child has any medical/dietary needs or allergies that we should be aware of:

Medical: _____ Dietary: _____

Allergies: _____ Care Needs: _____

Signed: _____ Date: _____ / _____ / _____

Please return this form and a copy of your child's Baptismal certificate to the St James Primary School office or email to info@stjames-stbede.org.au