**Parish of St Bernard’s, Burnage**

**Sacrament of Reconciliation and First Holy Communion 2022**

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| **Name of Child** |  |
| **Date of Birth** |  |
| **Date of Baptism**  **Was your child baptised in this Parish?** | **Yes / No**  **If not, please give details** |
| **Home Address** | **Postcode** |
| **Telephone number** | **Home**  **Mobile** |
| **Name of Parents or guardians** |  |
| **Religion of Parents or guardians** |  |
| **Email Address** |  |
| **Contact name and number for emergency use** | **Name**  **Number** |
| **Which School does your child attend?** |  |
|  | **PTO** |
| **Does your child have any medical conditions or allergies of which we should be aware?** | **YES[ Please give details]**  **NO** |
| **Do you give permission for your child to receive first aid if required?** | **YES**  **NO** |
| **Do you attend Holy Mass in this Parish?** | **Yes / No \***  **If no, in which Parish do you worship?** |
| **Why do you wish for your child to be prepared for the Sacrament of Reconciliation and Holy Communion?** |  |

Please read the following and then sign and date as shown.

* I understand that attendance is compulsory for all sessions and celebrations.
* I understand that it is my responsibility to ensure that my child attends Sunday Mass regularly.
* I undertake to help my child to prepare for the Sacrament through prayer, example, discussion and completion of tasks set as part of the Parish Programme.
* I understand that I will accompany my child and be part of the programme of Preparation.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[parent / guardian]

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_