TO BE RETURNED TO ST. RAPHAEL'S CHURCH NO LATER THAN THE 31ST OCTOBER 2020

ST RAPHAEL'S CATHOLIC CHURCH & CHAPLAINCY TO KINGSTON UNIVERSITY

FIRST HOLY COMMUNION 2020 - 2021

Child's Details **(Please print)**

Christian name _____

Surname _____

Date of Birth _____ Age _____

Address _____

_____

Telephone _____

Details of Baptism
(If the Baptism did not take place at St Raphael's we will need a copy of the Baptismal Certificate and the full name and address of the church where the Baptism took place.)

Name of Church _____

Full Address _____

_____

Date of Baptism _____

Church usually attended on Sundays_____

Current School _____ Class _____

(September 2020)

Parents Details

Mother Christian Name _____

Surname _____

Father Christian Name _____

Surname _____

Place of marriage _____
If applicable

Email _____

Parental Consent

I give permission for my child, named above, to begin formation for the reception of his/her First Holy Communion. As the first educator of my child in the ways of Faith, I guarantee that I will assist him/her in the preparations and bring him/her to Mass every Sunday and Holydays of Obligation and to all the events contained in the formation program.
I give permission for photographs of my child to be displayed, as is the custom, including on the Parish Website.
In the unlikely event of any accident, injury or illness, I authorize Fr. Michael Lovell and/or his assistants to administer and/or to authorise, in my name, any first aid treatment, judged to be in my child's best interests, until I or another member of the family arrive to take charge of the situation. I draw your attention to the Medical Alert information entered below (If applicable) and will inform you in writing if there are any changes to this information which may affect my child's health.

Medical Alert

My son/daughter Suffers from the Following condition and takes the following medication

(e.g. Illnesses, Disabilities, Allergies and any other conditions of which we should be made aware)

Emergency Telephone number _____

Signed Parent/Legal Guardian _____

Date _____

Check List	✓
1. The form is signed.	☐
2. A Baptismal Certificate is enclosed If the child was not baptized at St Raphael's.	☐

There is a payment £10 required towards the cost of the books and other course materials that will be used.