



St. Catherine of Siena Catholic Church

100 Leatherhead Road
Chessington, Surrey KT9 2HY

Office: 020 8397 4499 Email: chessington@rcaos.org.uk

FIRST HOLY COMMUNION AND RECONCILIATION

APPLICATION TO JOIN THE PREPARATION PROGRAMME

Please write very clearly

Child's Full Name : _____

Date of Birth: _____ School: _____

Date of Baptism: _____ Church: _____

***** Please supply a copy of the child's Baptism Certificate *****

*****We ask for a donation of £20 to cover the cost of books and materials*****

*****Please write the details below very clearly*****

Father's (or Guardian's) Name:

Surname: _____ Forename: _____ Religion: _____

Mother's Name:

Surname: _____ Forename: _____ Religion: _____

Address: _____

_____ Postcode: _____

Tel No: Home: _____ Work: _____ Mobile: _____

E-mail address (block capitals): _____

Family attendance at Mass *Weekly Fortnightly Monthly Occasionally (please circle)*

PARENTAL DECLARATION OF COMMITMENT

I, _____ undertake to ensure that my child is properly prepared to receive the Sacraments of Reconciliation and Holy Communion.

I will endeavour to:

- bring them to Mass every Sunday and on Holy Days of Obligation.
- bring them to every class of the preparation programme.
- participate in their preparation by reading the course material with them
- remain at church and attend the parents' briefing sessions in parallel

If my child misses Mass, or a class, on three occasions, I accept that they may not be ready to receive the sacraments at the planned time, and may need to do some further preparation.

Signed: _____

Date: _____

PHOTOGRAPHS OF CHILD AND PARENTS/GUARDIANS HERE PLEASE

For safeguarding purposes, please staple here a clear photo of the child AND of the parent or parents or appointed person(s) accompanying the child. A clear family photo of the child and parents/guardians is also acceptable. Our first priority is the safety of your children.