**St Joseph Catholic Church**

Devizes Road,

Wroughton, Swindon

SN4 0RZ

Tel: 01793 812 330

Email: wroughton.stjoseph@cliftondiocese.com

**Application Form for the First Holy Communion Programme 2025**

(Please write clearly in BLOCK CAPITAL LETTERS)

1. **Child’s Details**

|  |  |  |
| --- | --- | --- |
| **A.** | Surname |  |
|  | First Name (s) |  |
| **B.** | Date of Birth |  |

***This programme is only open to children who are not less than 8 years of age.***

|  |  |
| --- | --- |
| Date of Baptism |  |
| Church/Place of Baptism) |  |

***(If you do not know – don’t worry). Everyone is asked to bring the certificate of Baptism from the church where your child was baptised. If your child is not baptised at all or was not baptised in the Catholic Church, please inform Fr. Nnam Di Obi)***

|  |  |
| --- | --- |
| Name of Child’s Present School |  |

**Does your child have medical conditions or special needs (learning/behaviour) that we need to be aware of? Yes/No**

**(If answering ‘Yes’, please attach written details. This will help us make the most appropriate provision)**

1. **Parents/Guardians Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name |  | Religion |  |
| Father’s Name |  | Religion |  |
| Home Address |  |
| Post Code |  |
| Home / Mobile Phone |  |
| Email Address |  |

**C. Mass Attendance**

Which Sunday Mass in this parish do you usually attend…………………………………………………………….……………

How regularly do you usually take part in Sunday Mass? **Weekly/ Fortnightly/ Monthly/ Less Often**

Our parish follows the guidelines for the protection of children issued by Clifton Diocese; and all the health and safety guidelines.

 **To comply with data protection legislation we also need your agreement:**

1. That the information provided on this forms may be retained by the parish of St Joseph’s, Wroughton incorporated into an electronic file;
2. That these details may be made available by the parish of St Joseph’s, Wroughton, at its discretion, to any person or body assisting with the First Holy Communion programme.

***I, the undersigned, being the parent / carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like him/her to make his/her First Holy Communion and I agree to this information being retained by the parish of St Joseph’s, Wroughton included on its electronic systems.***

**Signature Date**

**Note: Please enclose a copy of Baptism Certificate (Essential if your child was baptised outside of this Parish)**