



**CHURCH OF THE IMMACULATE CONCEPTION
SOUTHAMPTON EAST PASTORAL AREA
FIRST COMMUNION PROGRAMME 2023-2024
REGISTRATION FORM**

NAME OF CHILD

DATE OF BIRTH

SCHOOL YEAR GROUP ON 1ST SEPTEMBER 2023

ADDRESS

TELEPHONE (Home/Mobile)

E-MAIL (Parent)

****PLEASE PRINT CLEARLY****

DATE & PLACE OF BAPTISM

(Please attach a copy of the certificate)

SCHOOL ATTENDED BY CHILD

WHICH CATHOLIC CHURCH DO YOU NORMALLY ATTEND?

FATHER'S NAME

NATIONALITY..... RELIGION.....

MOTHER'S NAME

NATIONALITY..... RELIGION.....

PARENT'S ADDRESS (if different from above)

PARENT'S MOBILE NO: (if different from above).....

WHY DO YOU WANT YOUR CHILD TO MAKE HIS/HER FIRST HOLY COMMUNION?

.....

.....

.....

I ATTACH A PAYMENT OF £25 TO COVER COSTS

Please speak with Fr Antony or Rachel Brady if you have queries or concerns.

I am happy for the above information to be held on a data base for parish use only.

SIGNATURE OF PARENT/GUARDIAN..... DATE.....

Continued

3. MEDICAL INFORMATION ABOUT YOUR CHILD			
a. Any conditions requiring medical treatment including medication, <i>e.g. inhalers, anti-epileptics or insulin.</i> Any disabilities or mobility challenges you would like us to be aware of.			
Yes		No	
If YES please give details			
b. Please outline any special dietary requirements your child may have? (including allergies for e.g. nuts/gluten)			
c. Please outline any fears or phobias your child has. This information will assist the adult helpers to assist your child should any difficulties arise.			
d. Is your son/daughter allergic to any medication e.g. penicillin			
Yes		No	
If YES please specify			
e. Is there any other relevant information/specific needs that need to be known by the organiser?			
Name of Family Doctor:		Telephone Number:	
Address:			

4. DECLARATION			
In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.			
Signed:		Date:	
Full Name (Capitals)			

5. MASS ATTENDANCE & AGREEMENT TO PARTICIPATE

Which Sunday Mass do you usually attend? _____

How regularly do you come?
(Weekly, fortnightly, monthly, less often) _____

- I intend to fully participate in the First Reconciliation and First Eucharist programme including attending the parents' sessions, following up at home (as required) and ensuring that we attend the session.
- I intend to attend weekly Sunday Mass at Immaculate Conception Church with my child. (If I attend Mass elsewhere I will ask the priest there to sign my child's attendance record).
- I will give my child appropriate help to learn the prayers of the Church, including the Our Father, Hail Mary, and the Glory Be.
- I understand that my continued participation in the programme is dependent on my fulfilling these intentions.

Do you have access to the internet and a printer at home when there are emails and sheets to print off? (if not we will print them for you) Yes / No

Signed:		Date:	
Full Name (Capitals):			

Children will require a Bible which MUST be brought to sessions

If you do not already have one, please take a look in the bookshop in the church porch, open before or after weekend Masses, where you can view different versions. You can select and order your own choice of bible via the bookshop.

If you have any queries concerning the purchase of bibles please speak with Fr Antony or Rachel Brady.

6. PARENT/GUARDIAN CONSENT FOR THE USE OF PHOTOGRAPHS/VIDEOS

Immaculate Conception Parish recognises the need to ensure the welfare and safety of all our children and young people. In accordance with the diocesan child protection policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/guardians and children.

During the course we may occasionally take photographs of the participants. We may use these images for our website or Diocesan publications. We may also make video or webcam recordings for Diocesan use only. To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes.

May we use your child's photograph in printed publications that we produce for promotional purposes?	Yes/No
May we use your child's images on our website?	Yes/No
May we record your child's images on video or webcam?	Yes/No
Are you happy for your child to appear in the media?	Yes/No

Conditions of Use

1. This form is valid for the duration of attendance at the First Reconciliation and Eucharist programme. The consent will automatically expire after this time.
2. Images used on our website may continue to be used after the expiration of the course programme, for promotional use only.
3. We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image or video, on our website or in other printed publications.
4. We will not include personal email or postal addresses, or telephone or fax numbers on video, on our website or in other printed publications.
5. If we use photographs of individual candidates, we will not use the name of that child in the accompanying text or caption.
6. We will only use images of candidates who are suitably dressed, to reduce the risk of such images being used inappropriately.

GDPR - DATA PROTECTION ACT

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Portsmouth is processed in accordance with the Diocese's Privacy Notice, which can be obtained from www.portsmouthdiocese.org.uk/gd

Signed:

(Parent /Carer).....

NB: a carer can complete the information part. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.

Parent Name:..... Date:.....

PLEASE RETURN THIS FORM TO THE PARISH OFFICE. THANK YOU

OFFICE USE :

Baptism Certificate checked	
Payment Received	
Entered in PAMIS	