



WELCOME TO OUR CHURCH

PREPARATION FOR THE FIRST SACRAMENTS



ENROLMENT REQUEST: PREPARATION FOR FIRST SACRAMENTS

PARENTS/CARERS PLEASE COMPLETE THE FOLLOWING SECTIONS IN CAPITALS. IF YOU REQUIRE ANY ASSISTANCE COMPLETING THESE FORMS PLEASE ASK A CATECHIST.

PLEASE NOTE: ALL INFORMATION RECORDED IN THIS DOCUMENT WILL BE KEPT CONFIDENTIAL.

CHILD'S DETAILS (PLEASE PROVIDE BIRTH CERTIFICATE OR EQUIVALENT)

Legal Surname (as appears on Birth Certificate): Legal First Name (as appears on Birth Certificate):	Date of Birth: Address of Child: Church where they attend Mass:
Child's Preferred First Name (if different):	Name as you would like it to appear on the certificate:
Has your child been baptised? Yes No If yes: Date of Baptism: Place of Baptism: Please provide a copy of the Baptism Certificate.	Has your child received the Sacrament of Reconciliation (First Confession)? Yes No If yes: Date: Church:
Has your child received the Sacrament of the Eucharist (First Holy Communion)? Yes No If yes: Date: Church:	Which sacrament(s) are you enrolling your child for? Reconciliation: Yes No First Holy Communion: Yes No Confirmation: Yes No
Name of school currently attending: Address: Year Group:	

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LEGALLY RESPONSIBLE PARENT/CARER

Title:	Surname: Forename:	Relationship to the child:
Address:	Phone Numbers Home: Mobile:	Email:
Translator Required: Yes No First Language Spoken:	Are you a Baptised Catholic? Yes No If no, is there another parent/carer who is a Baptised Catholic? Yes No Name: Church where you attend Mass:	Name of parent/carer/family member who will attend the Family Catechesis sessions with the child:

DO YOU HAVE ACCESS TO WIFI AT HOME? Yes No

AT HOME, DO YOU HAVE ACCESS TO ANY OF THE FOLLOWING?

Personal Computer Yes No **Laptop** Yes No

Tablet Yes No **Smartphone** Yes No

OTHER ADULTS LIVING IN YOUR HOME WHO MAY BE INVOLVED IN FAMILY CATECHESIS

Name:	Relationship to Child:	Religion:
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DIETARY INFORMATION

Dietary Needs , e.g. vegetarian, gluten free	
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MEDICAL INFORMATION

Allergies , e.g. nuts Does your child have an epipen?	Please specify: Yes No
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Medical needs , e.g. asthma, epilepsy Does your child have an inhaler?	Please specify: Yes No
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SEND INFORMATION

Specific learning difficulties , e.g. dyslexia, ADHD, or other additional needs , e.g. Autism Spectrum Disorder	Description and Support Required:
Physical Disabilities , e.g. limited mobility or wheelchair user, glasses, hearing aid	Description and Support Required:
Emotional and Behavioural Needs , e.g. Recent bereavement, attachment disorder, specific behaviour management strategies required	Description and Support Required:
Learning Difficulties , e.g. poor reading or writing skills, lack of concentration	Description and Support Required:
Any other relevant information	

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LANGUAGE INFORMATION

Is English an additional language? Yes No If yes, what is your child's first language? What language is spoken at home?	Proficiency in English: New to English Early Acquisition Developing Competence Competent Fluent	Translator required? Yes No
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Data Protection: your personal details given above will be stored and used by the Parish for the purposes of conducting and administering the sacraments.

By signing below, you acknowledge that Canon Law requires some of your personal data to be entered in registers and stored permanently; and in the case of confirmations and marriages, that the Parish is obliged to notify the Parish where you were baptised (if in a different parish). Data may also have to be shared with the Diocese, e.g. in cases where certain permissions are needed. Your details will not otherwise be disclosed outside the parish. Details of how we process your data, and your rights, are on the full Privacy Notice which is on the Diocese of Leeds website at www.dioceseofleeds.org.uk/privacy-notice/

The information in this document will be used to support parents/carers, catechists and priests in planning and delivering an approach to sacramental preparation that meets the needs of your child, considering their individual needs.

I/we consent to my/our details being used and shared as above.

Signed: _____ Date: _____

Signed: _____ Date: _____

Retention Date: 6 months after final sacrament conferred.

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AGREED ADAPTATIONS TO PREPARATION PROGRAMME

Name of Child:

Session Structure, e.g. number of sessions, length, frequency, individual/group, type of support required	
Presentation/Teaching, e.g. whole group, 1:1, smaller group, pre-teaching, smaller bites of information	
Resources, e.g. simplified, enlarged, use of objects, experiences	
Role of Parent/Carer in supporting	
Special requirements/consideration for receiving the Sacrament (to be agreed with the priest)	
Any additional information	

Signed:

_____ (Parent/Carer) Date: _____

_____ (Catechist) Date: _____

_____ (Priest) Date: _____

Retention Date: 6 months after final sacrament conferred.