

Childrens Information

Names:

Nationality:

Gender:

Date of Birth (m/d/yy):

Age:

School Name:

English Level:

Level : **Session 1** : Parish House & Centre (9:00 — 9:50), Bell School (8:50 — 9:40) **Session 2** : Parish House & Centre (10:30 — 11:20), Bell School (10:20 — 11:20)**Sacraments received:****Sacrament****Date (m/d/yy)****Parish**

Baptism

Holy Communion

Reconciliation

Certificate Name

Please indicate your child's full name as you would wish it to appear on his/her Sacramental Certificate in the space provided below

(Print in Capitals)

I/ We the parent(s) / Guardian(s) of:

Agree to support our child who is in: **Level 2**and is preparing to receive the sacrament of : **First Holy Communion**

during this catechism year by:

- Attending 6 compulsory parent meetings.
- Ensuring our child attends all classes without fail unless prevented by unforeseen circumstances.
- Providing up to date contact information.
- Promptly responding to correspondence.

Father/ Guardian:

Signature:

Mother/ Guardian:

Signature: