



**Sacred Hearts of Jesus and Mary Catholic Church**  
The Presbytery, Moorend Road, Charlton Kings, Cheltenham,  
GL53 9AU

**Telephone:** 01242 524932

**Email:** [cheltenham.sacredhearts@cliftondiocese.com](mailto:cheltenham.sacredhearts@cliftondiocese.com)

**Parish Priest:** Reverend Mark Moran

**PREPARATION FOR FIRST CONFESSION AND**  
**FIRST HOLY COMMUNION 2018-2019**

Please complete the following details in block print, sign as indicated and return to the Presbytery, **before 13<sup>th</sup> October 2018**

The children will each be given a workbook and we ask for a donation of £20 towards the cost. Payment by cheque, made payable to Sacred Hearts Church, or by bank transfer to NatWest Bank, Bristol, Queen's Road Branch, Account Name CCDTR No. 46, Sort Code 52-10-03, Account No. 66286794.

**Name of Child** (as to appear on Certificate) .....

**Known as** .....

**Date of Birth**..... **Age**.....

**Parent/Guardian** .....

**Address** .....

..... **Postcode** .....

**Contact numbers** .....

**Email address**.....

**School**.....

**Church of Baptism**..... **Date**.....

**Full Address**.....

**Please enclose a Baptismal Certificate if the child was not baptised at Sacred Hearts.**

**I/we would like my/our son/daughter to receive the Sacraments of Reconciliation and First Holy Communion.**

**I/we undertake to bring him/her to Mass regularly and will endeavour to attend all preparation sessions.**

**Signature of parent**.....

**General Data Protection Regulation**

To comply with GDPR legislation we need your agreement:

- That the information provided on this form may be retained by the parish of Sacred Hearts and incorporated into an electronic file.
- That you give permission for the parish to contact you by email, to keep you up to date regarding the course and that these details may be made available by the parish, at its discretion, to any person or body assisting with the First Communion Programme.

I/we agree to this information being retained by the parish and give my/our permission to be contacted by email

**Signature.....Date.....**

**Photographs**

In accordance with our 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/carers and children.

The First Holy Communion Celebration will follow the guidance for the use of photographs & video recording, a copy of which is available from the Parish’s Safeguarding Representative or the parish priest.

The Parish’s Safeguarding Representative & the Parish Priest will take all steps to ensure these images are used solely for the purposes intended – **images must not be posted on social media or distributed without the consent of the parents/carers and children on the pictures.**

If you become aware that these images are being used inappropriately you should inform the parish priest immediately.

**Medical Emergency**

In the unlikely event of any accident, injury or illness, I/authorize an adult assistant to administer any first aid treatment, judged to be in my child’s best interests, until I or another member of the family arrive to take charge of the situation. Medical information is entered below and I will inform you in writing if there are any changes which may affect my child’s health.

My Son/Daughter suffers from the following condition and takes the following medication. (E.g. Illnesses, Disabilities, Allergies or any other condition that we should be made aware of)

.....

Emergency Telephone Number (if different from over).....

**Signed.....Date.....**

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Clifton Diocese, is processed in accordance with the Diocese’s Privacy Notice; which is available at <https://cliftondiocese.com/privacy-notice> or from the Parish Office.



Registered Office:  
St. Ambrose, North Road, Leigh Woods, Bristol, BS8 3PW  
Company number: 10462076