irst		Middle		Sı	ırname
Date of Birth					
Day Mo	nth	Year	Date & P	lace of Bapt	ism
Does Your child hav needs? (Please ans	="	al	(I	f yes, a Dead	con will contact you).
Mother's name:	Firs	st name			Surname
violiter 3 Hallie.					
Sacraments Receive	ed: Baptism:	Euchar	ist: Con	firmation:	Marriage:
ather's name:					
Sacraments Receive	ed: Baptism:	Euchar	ist: Con	firmation:	Marriage:
	•				_
Parent's marital Status:				Civil marr	n a Catholic Church - iage - Co-habiting red – Single.
Home Address:					
Postcode:					
Mobile Number:					
Email Address:					
Name of					
Child's School:					
Please confirm that will do so after com		=		· · · · · · · · · · · · · · · · · · ·	-
		Link: C	hurch Suite	- Parish Data	ahase
Answer Yes/No		LIIIK. <u>C</u>	riai eri oaree	z i diisii Date	<u> </u>

Where do you usually attend Mass?		
Which Mass do you attend?		
How frequently do you and your family attend Mass?		
Do you regard joining our Parish Comm to celebrate Mass each week as a priori your family? (Please answer yes or No	ity for	
Parents and children can help each other want your child to prepare for Reconcili	_	
In what way/ways will you support you time of preparation?	r child to enable the	em to grow in faith during this
Do you commit to attending the Parent		
Children's Preparation Sessions, agreein	ng to make these se	ssions a top priority ?
As part of the programme, you must co Initiation, as detailed in your diary.	mmit to attend reg	ular Sunday Mass and the Rites of
Are you happy to do so?		(Please answer yes/No).

As part of the registration process, you will need to attend a surgery session with Fr Saju (a Deacon will also be present). These take place on Mondays, between 4.30–6.30pm, in Holy Trinity House, which is located at the rear of the parish car park. Please bring your child's original baptism certificate, <u>if your child was not baptised at St Joseph's.</u>

Thank you for taking the time to answer these questions.