

# FIRST HOLY COMMUNION PROGRAMME ENROLMENT FORM 2023/24

Church of the Five Precious Wounds Catholic Church,  
Brentfield Road, London NW10 8ER, Tel: 020 89653313

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ID

ID
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**PLEASE WRITE CLEARLY & IN CAPITALS**

PLEASE WRITE IN CAPITAL LETTERS THE FULL NAME OF YOUR CHILD AS IT SHOULD APPEAR ON THE FIRST HOLY COMMUNION CERTIFICATE:

FULL NAME OF CHILD

[illegible]

ADDRESS WHERE YOUR CHILD LIVES:

										POSTCODE									
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AGE OF CHILD



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DATE OF BIRTH

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DATE &amp; PLACE OF BAPTISM

[illegible]

IS THE CHURCH OF BAPTISM CATHOLIC? YES

NO

CURRENT HOME PARISH

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NAME OF CONTACT PARENT: .....

CONTACT TELEPHONE NUMBERS: HOME: ..... MOBILE: .....

EMAIL ADDRESS: .....

I permit my child to have their photograph taken & displayed for the First Holy Communion  
Display in the church.    ☐ Yes                      ☐ No

Signature of parent:..... Date:.....

Please bring this completed form, a passport-style photograph of your child and a copy of your child's baptism certificate, to the enrolment evening on Friday 13<sup>th</sup> October at 7.00pm.

The information you give will be kept for contact purposes only until your child has made their First Holy Communion.