**Shrine of Our Lady of Willesden**

1 Nicoll Road Harlesden London, NW10 9AX

Fr Stephen Willis

020 8965 4935

willesden@rcdow.org.uk

parish.rcdow.org.uk/willesden

Dear Parents/Carers,

This declaration letter is to be signed as part of your agreement with some points when enrolling your child for the communion program at ‘The Shrine of Our Lady of Willesden’.

Those applying should be regularly attending Mass here at the Shrine. If you live outside the Shrine Parish, then you will need to supply a Letter of Permission from the parish where you are resident when applying.

We ask for a donation of £40.00 to cover the materials that we will be supplying for the course.

The points are:

1. Arriving and collecting your child on time. If any other arrangements are made regarding collection, please inform the catechists when dropping your child to the session.
2. Support your child that,
* You and they attend every Mass every Sunday.
* They are confident with their prayers; copies will give at 1st parents meeting before programme starts.
* You and your child complete the weekly family communion programme’s activities in their books and encourage them to complete any work following any session.
1. Parents to attend parent sessions with Father Stephen.
2. Parents to check the weekly newsletter for any notices, this how we will communicate with you.
3. We expect that your child attends every session however, if there is a case that your child is ill or there is a special circumstance, please contact the church office and leave a message which will be passed on to the catechists.
4. Parents to check timetable that will be added to the children’s books following 1st session (includes import dates and times)

Our Communion programme is based on the liturgy of the Mass, as parents you are your child most important teacher and it's important while we guide them through the programme that you guide them through the rituals of the Mass.

Please, read and sign below:

I agree and I will support my child through the Communion programme

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_

Parent/Carer Signature Name of Child:

SHRINE OF OUR LADY OF WILLESDEN

FIRST HOLY COMMUNION APPLICATION FORM

(PLEASE COMPLETE IN BLOCK CAPITALS)

SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Should be 7 by 1st September)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND ADDRESS OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH OF BAPTISM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MOTHER/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELIGION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FATHER/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELIGION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO WILL BE RESPONSIBLE FOR PREPARING THE CHILD FOR FIRST HOLY COMMUNION AND FOR BRINGING THEM UP IN THE CATHOLIC FAITH:

MOTHER: [ ] FATHER: [ ] OTHER [ ] please state relationship to child e.g. Grandparent/Aunt/Sister/Brother/Godparent/Foster Parent

A PRIEST OR CATECHIST MUST SEE THE CHILD’S BAPTISM CERTIFICATE BEFORE THEY COME ONTO THE PROGRAMME.

I/WE PROMISE TO BE RESPONSIBLE FOR PREPARING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FOR FIRST HOLY COMMUNION BY:

1. BRINGING THE CHILD TO MASS EVERY SUNDAY
2. BRINGING THE CHILD TO ALL THEIR CHILDREN SESSIONS
3. HELPING THE CHILD AT HOME IN PRAYER AND WITH THE CHILDREN’S BOOK
4. ATTENDING ALL THE PARENT MEETINGS

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL APPLICATION FORMS TO BE POSTED THROUGH THE PRIEST’S LETTER BOX BY SUNDAY OCTOBER 10TH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. PLEASE ENCLOSE BAPTISM CERTIFICATE IF NOT ALREADY SHOWN TO PRIEST/CATECHIST.

BAPTISM CERTICIFATE SEEN BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRIEST/CATECHIST.