ST GEORGE'S PARISH, NORWICH FIRST HOLY COMMUNION PROGRAMME 2024 REGISTRATION FORM



Child's name (the name	
recorded on certificates	
– please be clear)	
Preferred name (the	
name the child will be	
called in classes)	
Date of Birth	
School year	
School attended	
Address 1	
Address 2 if child lives between two addresses	
Parents'/carers' names and relationship to child	
Tel. number: home*	
Tel. number: mobile 1*	
Tel number: mobile 2* (optional)	
Email address 1	
Email address 2	
(optional)	

• Please indicate which number is to be used in the case of an emergency

Child's denomination &				
date of baptism				
Church and address of				
baptism				
Are parents/those with				
parental responsibility				
baptised Catholics?				
Usual church/Mass				
attended				
Any issues which may				
impact on the child's				
engagement with the				
programme? E.g.				
learning disability,				
medical condition,				
social issue etc.				
2021 St George's First Holy		(insert child's name) for the amme.		
By ticking this box \square and signing below I agree to the Diocese of East Anglia using the information I have provided on this application solely for the purposes of processing this application and for any other sacramental matters which may arise in the future. I understand that this information will be held indefinitely by the Diocese of East Anglia in secure storage strictly in accordance with the provisions of the EU General Data Protection Regulations (GDPR) 2016/679, as to collection, handling, secure storage, use, retention and disposal of this data.				
Signed:				
Relationship to child				
Date:				
Information provided on t	his form, together w	ith all other personal data held about these		
individuals by the Parish and the Diocese of East Anglia, is processed in accordance with the				
Diocese's Privacy Notice, available at https://www.rcdea.org.uk/privacy-statement/				
For office use only				
Original baptism certificate seen				
Payment received				