

FIRST RECONCILIATION PROGRAMME

(FOR CHILDREN ATTENDING CATHOLIC
SCHOOL WHO MADE THEIR 1ST
COMMUNION IN ST JOHN VIANNEY CHURCH)

PHOTO

CHILD'S DETAILS:

CHILD'S NAME AND SURNAME:

DATE OF BIRTH:

PLACE OF BAPTISM:.....DATE:

PLACE OF 1ST COMMUNION:DATE:

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR CONDITIONS THAT IT WOULD
REQUIRE EXTRA HELP?

.....

*(IF NOT BAPTIZED IN ST. JOHN VIANNEY'S PARISH, PLEASE SUPPLY A COPY OF YOUR BAPTISM
CERTIFICATE)*

DETAILS OF FAMILY:

PARENT'S/GUARDIAN'S NAME(S).....

ADDRESS:

TELEPHONE (HOME):

(MOBILE):.....

EMAIL ADDRESS:

SCHOOL:

PRESENT SCHOOL:.....YEAR

SIGNATURE:DATE:

ST JOHN VIANNEY CHURCH, WEST GREEN.

PLEASE RETURN TO THE PARISH OFFICE

AT 4 VINCENT ROAD (N15 3QH)

OR EMAIL TO WESTGREEN@RCDOW.ORG.UK