



**PARISH OF SAINT MARGARET CLITHEROW
SACRAMENTAL PROGRAMME ENROLMENT FORM**



**Sacred Heart Church
Holy Family Church**

Name of Child	
Address	
Post code	
Telephone	
School Attended	
Church of Baptism	
Date of Baptism	
Verified By	
Does your child have any medical requirements? Yes No
If so, please give details	
Does your child have any allergies/ food requirements? Yes No
If so, please give details	
<i>We promise to help our children to prepare for the Sacraments and we agree to take part fully in the preparation provided by Saint Margaret Clitherow Parish</i>	
Name of Parents:	
Signatures of Parents:	
Are you willing to allow your child's photograph to be taken and displayed in church and on the parish website and Facebook Page? No names/addresses will be added to individual photos Yes No

PLEASE RETURN THIS FORM TO FATHER FRANCIS AS SOON AS POSSIBLE