



PARISH OF SAINT MARGARET CLITHEROW



SACRAMENTAL PROGRAMME ENROLMENT FORM

Sacred Heart Church

Holy Family Church

PLEASE PRINT CLEARLY ON THIS FORM

AND RETURN TO Fr Francis by 31st January 2021

Name of Child	
Address	
Postcode	
Telephone	
Email Address	
Primary School Attended	
Church of Baptism	
Date of Baptism	
Verified by	
<i>We promise to help our children to prepare for the Sacraments and we agree to take part fully in the preparation provided by the Parish</i>	
Names of parents (please print)	
Signatures of parents	