



WELCOME TO OUR CHURCH

PREPARATION FOR THE FIRST SACRAMENTS



ENROLMENT REQUEST: PREPARATION FOR FIRST SACRAMENTS

PARENTS/CARERS PLEASE COMPLETE THE FOLLOWING SECTIONS IN CAPITALS. IF YOU REQUIRE ANY ASSISTANCE COMPLETING THESE FORMS PLEASE ASK A CATECHIST.

PLEASE NOTE: ALL INFORMATION RECORDED IN THIS DOCUMENT WILL BE KEPT CONFIDENTIAL.

CHILD'S DETAILS (PLEASE PROVIDE BIRTH CERTIFICATE OR EQUIVALENT)

Legal Surname (as appears on Birth Certificate): Legal First Name (as appears on Birth Certificate):	Date of Birth: Address of Child: Church where they attend Mass:
Child's Preferred First Name (if different):	Name as you would like it to appear on the certificate:
Has your child been baptised? Yes No If yes: Date of Baptism: Place of Baptism: Please provide a copy of the Baptism Certificate.	Has your child received the Sacrament of Reconciliation (First Confession)? Yes No If yes: Date: Church:
Has your child received the Sacrament of the Eucharist (First Holy Communion)? Yes No If yes: Date: Church:	Which sacrament(s) are you enrolling your child for? Reconciliation: Yes No First Holy Communion: Yes No Confirmation: Yes No
Name of school currently attending: Address: Year Group:	

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LEGALLY RESPONSIBLE PARENT/CARER

Title:	Surname: Forename:	Relationship to the child:
Address:	Phone Numbers Home: Mobile:	Email:
Translator Required: Yes No First Language Spoken:	Are you a Baptised Catholic? Yes No If no, is there another parent/carer who is a Baptised Catholic? Yes No Name: Church where you attend Mass:	Name of parent/carer/family member who will attend the Family Catechesis sessions with the child:

DO YOU HAVE ACCESS TO WIFI AT HOME? Yes No

AT HOME, DO YOU HAVE ACCESS TO ANY OF THE FOLLOWING?

Personal Computer Yes No **Laptop** Yes No

Tablet Yes No **Smartphone** Yes No

OTHER ADULTS LIVING IN YOUR HOME WHO MAY BE INVOLVED IN FAMILY CATECHESIS

Name:	Relationship to Child:	Religion:
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DIETARY INFORMATION

Dietary Needs , e.g. vegetarian, gluten free	
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MEDICAL INFORMATION

Allergies , e.g. nuts Does your child have an epipen?	Please specify: Yes No
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Medical needs , e.g. asthma, epilepsy Does your child have an inhaler?	Please specify: Yes No
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SEND INFORMATION

Specific learning difficulties , e.g. dyslexia, ADHD, or other additional needs , e.g. Autism Spectrum Disorder	Description and Support Required:
Physical Disabilities , e.g. limited mobility or wheelchair user, glasses, hearing aid	Description and Support Required:
Emotional and Behavioural Needs , e.g. Recent bereavement, attachment disorder, specific behaviour management strategies required	Description and Support Required:
Learning Difficulties , e.g. poor reading or writing skills, lack of concentration	Description and Support Required:
Any other relevant information	

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LANGUAGE INFORMATION

Is English an additional language? Yes No If yes, what is your child's first language? What language is spoken at home?	Proficiency in English: New to English Early Acquisition Developing Competence Competent Fluent	Translator required? Yes No
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Data Protection: your personal details given above will be stored and used by the Parish for the purposes of conducting and administering the sacraments.

By signing below, you acknowledge that Canon Law requires some of your personal data to be entered in registers and stored permanently; and in the case of confirmations and marriages, that the Parish is obliged to notify the Parish where you were baptised (if in a different parish). Data may also have to be shared with the Diocese, e.g. in cases where certain permissions are needed. Your details will not otherwise be disclosed outside the parish. Details of how we process your data, and your rights, are on the full Privacy Notice which is on the Diocese of Leeds website at www.dioceseofleeds.org.uk/privacy-notice/

The information in this document will be used to support parents/carers, catechists and priests in planning and delivering an approach to sacramental preparation that meets the needs of your child, considering their individual needs.

I/we consent to my/our details being used and shared as above.

Signed: _____ Date: _____

Signed: _____ Date: _____

Retention Date: 6 months after final sacrament conferred.

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AGREED ADAPTATIONS TO PREPARATION PROGRAMME

Name of Child:

Session Structure, e.g. number of sessions, length, frequency, individual/group, type of support required	
Presentation/Teaching, e.g. whole group, 1:1, smaller group, pre-teaching, smaller bites of information	
Resources, e.g. simplified, enlarged, use of objects, experiences	
Role of Parent/Carer in supporting	
Special requirements/consideration for receiving the Sacrament (to be agreed with the priest)	
Any additional information	

Signed:

_____ (Parent/Carer) Date: _____

_____ (Catechist) Date: _____

_____ (Priest) Date: _____

Retention Date: 6 months after final sacrament conferred.

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Consent Form for Videoconferencing

Although our 'real' meetings for Sacramental Preparation have had to be put on hold, we are still keen to meet, support and guide you and your child through this journey towards the celebration of the First Sacraments.

We would like to use Virtual Meetings to do this but need to be sure you are clear on how this will work, what we will do and what we expect you to do to keep children safe online.

:

This section has been completed by _____

Position held (e.g. Priest/Catechist, etc.) _____

These meetings will start on (Date) _____ and will take place on (Day) _____

The meetings will start at (Time) _____ and finish at (Time) _____

The online platform that we will be using is (Name of Platform) _____

In order to make sure that your child stays safe online, we ask that you do the following:

- Access to the platform is made through the parent/carer's account.
- Ensure that the name of the person joining the meeting is clear for those running the meeting. (*e.g. Joe Blogs, Joe's Mum rather than iPhone or another unknown name*).
- The supporting adult (parent/carer or other adult named on the Enrolment Form) will remain with the child throughout the video or conference calls.
- The child and their supporting adult must take part in the video call in a suitable communal environment (not a bedroom) and be appropriately dressed (fully dressed in clothing that covers top and bottom half of the body). All members of the household must be aware that the call is taking place and make sure that they are appropriately dressed, use appropriate language and behaviour when nearby or in the background. No personal information or images should be visible in the background. Some of the video calling software has a built-in option to 'blur' the background - you may feel this is an appropriate feature to turn on.
- The supporting adult will make sure that they or the child has 'logged off' the call correctly and signed out before turning off any devices.
- You, other supporting adults and your child will not try to contact any catechists using these online tools outside of the pre-arranged calls. If you need to contact a catechist for any reason you will do so following your normal contact procedures (e.g. emailing).
- You will not pass on any details (links, passwords etc.) of the online meetings to anyone else. Any other parents/carers requesting such information must be directed to Lead Catechist/Parish Administrator.
- You will not record any part of the video-conference meeting.

In order to protect your child, we will:

- Have a minimum of two adults present throughout the video call who will stay on the call until everyone has 'logged off'.
- Adults involved in the call will hold a current disclosure certificate (DBS) as required for their volunteer role.
- Ensure that each meeting has a unique Meeting ID and password which will be communicated via secure email before each new meeting. No one will contact you outside of any pre-

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arranged meetings using these online tools and if they do need to contact you will do so following their normal contact procedures (e.g. emailing).

- Those holding the meeting will watch through and check any links or videos they may direct your child to. They will make sure everything they use is age appropriate.
- Catechists and other adults on the call will use appropriate language/behaviour throughout the call.
- Those leading the meeting will ensure they are in a communal living space throughout the call and any members of their household will use appropriate language/behaviour throughout the call.
- We will ensure all participants are told that any recording of the meeting is not allowed.

Name of Child: _____

Name of Child as you wish it to appear on the Certificate _____

Contact Name: _____

Contact Email: _____

Contact Number: (Home) _____ (Mobile) _____

Please note: all communications from us will be from:

These forms of communication are in line with the safeguarding protocols of the Diocese of Leeds.

Data Protection: your personal details given above will only be stored and used by the Diocese of Leeds, Parish of _____ for the purposes of Sacramental Preparation and may be shared with other members in that team, but will not be disclosed outside the Parish. Details of how we process your data, and your rights, are on the full Privacy Notice on the Diocesan Website <https://www.dioceseofleeds.org.uk/privacy-notice/>

In signing this, you are confirming that (please mark all that apply):

- ☐ You have read, understood and agree to your part in the above requirements. You
- ☐ give consent for your child to be part of online virtual meetings.
- ☐ You give photo and video consent for your child.
These may be used in Parish and Diocesan news.
- ☐ You give permission to appear in live streamed Masses if applicable to your parish.

Signature: _____ (Parent/Carer) Date: _____

Signature: _____ (Child)

If you have a safeguarding emergency, please contact the police. For all other safeguarding advice/support contact your parish safeguarding representative or email safeguarding@dioceseofleeds.org.uk

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