

# St Francis of Assisi Halstead

Parish Priest: Fr Felix Adiele  
 The Presbytery  
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St Francis of Assisi



Halstead

## Application Form for Instruction in First Confession and First Holy Communion

I wish to have my child (Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I wish to have my child (Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Commence preparations and instructions for these Sacraments. She/He/They will be 8 years old by August 2025. The Programme will begin in January 2026 to complete by June 2025 (June 7<sup>th</sup> – The Feast of the Body and Blood of Christ / Corpus Christi).

I attach / enclose a Baptismal Certificate(s) (or, if Baptised in the Parish, the date of the Baptism).

Which School does your child attend: \_\_\_\_\_

### Family Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Which Mass do you usually attend? *\*Mass Attendance is an expectation of the programme*

Saturday 6.00 pm

Sunday 9.00 am

Sunday 11.00 am

# Parental Agreement

**I / We confirm that the information given is true and accurate. I / We agree to the information provided on the application form being retained by St Francis of Assisi and included on its electronic systems for the duration of the programme.**

**I / We accept my / our responsibility to work with the Parish Clergy and Catechists in preparing my child(ren) for their First Confession (Reconciliation) and First Holy Communion and that this will include the following:**

- **Participating in all of the designated sessions for parents.**
- **Sincerely trying to bring my child(ren) each week to Mass at St Francis of Assisi.**
- **Bringing my child(ren) on time to all of the designated preparation sessions for children.**
- **Supporting my child at home in the completion of the Chapters in the preparation book.**
- **Ensuring that my child(ren) makes their First Confession (Reconciliation) at the designated date and time.**
- **Ensuring that my child(ren) makes their First Holy Communion at the designated date and time.**
- **I understand that should I neglect the above responsibilities without good cause, as shall be decided by the Parish Priest, my child's (ren) First Communion may be deferred until another time as decided by the Parish Priest.**

**Signed:**

\_\_\_\_\_  
\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Please return this Application Form to:  
Fr Felix Adiele  
By Sunday 30<sup>th</sup> November 2025**

