

# SAINT HELEN'S, LANGSIDE

## *Enrolment for the Sacraments of Reconciliation, Confirmation and Eucharist*

### **About your child....**

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Surname: .....

First Name(s): .....

Date of Birth: .....

Date of Baptism: .....

Parish of Baptism: .....

School attended: .....

### **Keeping in touch...**

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Name(s) of Parent(s): .....

Address: .....

Post code: .....

e-mail\*: .....

Telephone: .....

*\* e-mail would be the preferred method of communication. If possible, please give an e-mail address that is checked regularly.*