

# SAINT PHILOMENA'S PARISH

Parish Office, Palmerstown Parish Centre, Lwr Kennelsfort Road, Palmerstown, D20 K732

Office Hours: 9.15am to 11.45am, Monday, Wednesday, & Friday

Telephone: 01-626 0900 Email: [stphilomenasparish48@gmail.com](mailto:stphilomenasparish48@gmail.com)


Website: [www.palmerstownparish.com](http://www.palmerstownparish.com)



## Enrolment for First Penance and First Holy Communion

Dear Parent(s)/Guardian(s),

In the coming year, we will be preparing children for First Penance and First Holy Communion. We invite you along with your child to decide if you would like to be part of this programme of preparation for these Sacraments. When you brought your child for Baptism you initiated the process of forming your child as a follower of Jesus. As we continue this journey, it will be an important time for all involved as we grow together in faith and love. This process is now approaching a landmark moment with participation in the Sacraments of Penance and Eucharist. To prepare for this we invite you and your child to enter and participate fully in a programme of preparation. The programme begins with a Welcome and Information Evening, and a Ceremony of Enrolment. Participation in Sunday Mass will be an important element in the preparation and there will be Masses appropriate to the children's age and needs to which you and your child will be invited. We look forward to celebrating this important time with you and your family.

Signed:   
Canon Tony Reilly, P.P.

To assist us with the preparations we will need the following details:

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

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

Church of Baptism: \_\_\_\_\_

Primary School: \_\_\_\_\_ Class Teacher: \_\_\_\_\_

(Please tick one or other of the following two boxes)

I wish to enrol my child for First Penance and First Holy Communion.

I do not wish to enrol my child for First Penance and First Holy Communion.

**(If yes)**

I will engage with the programme of preparation.

The information you provide is to facilitate the celebration of this sacrament. The information will be retained on the Parish Pastoral Management System for this purpose only and will not be shared with anyone else. Tick the Box to consent to this.

Signature: \_\_\_\_\_

Parent(s) / Guardian(s)

Name (Block Capitals) \_\_\_\_\_

Parent(s) / Guardian(s)

Date: \_\_\_\_\_

**Please return this completed form and a copy of your child's Baptism Cert to the Parish Office  
These may be emailed to [stphilomenasparish48@gmail.com](mailto:stphilomenasparish48@gmail.com)**

