

I GIVE PERMISSION FOR MY SON/DAUGHTER'S PHOTOGRAPH TO BE DISPLAYED  
IN THE CHURCH DURING THE COURSE OF THE HOLY COMMUNION PROGRAMME  
2020/2021

CHILD (please print) .....

PARENT'S SIGNATURE .....

Please provide a passport size photographs of your son/daughter.

Please write your child's name on the back of photographs.

Thank you.

Jane Tatam

Sacramental Co-ordinator