 **OUR LADY OF LOURDES AND ST PATRICKS**

Eastfield, Steyning Road, Rottingdean, Tel: 01273 302903
Email: rottingdean@abdiocese.org.uk

**ENROLMENT FORM FOR FIRST HOLY COMMUNION PROGRAMME 2020/21**

For those entering Year 3 at Primary School

This is a commitment to our Church and your faith and you are expected to attend mass on a weekly basis, whenever this is possible.

**Please complete in BLOCK CAPITALS and return to the Parish Office by Tuesday 8th December 2020**

**You will then be contacted with further details of the programme.**

**CANDIDATE’S DETAILS**

Full name: .......................................................................................................................................................

Name you would like to be known by during sessions: .................................................................................

Date of Birth: ..................................................................................................................................................

School Name and Year Group as of September 2020: ....................................................................................

Do you attend Our Lady of Lourdes and St Patricks parish? ...........................................................................

Church of Baptism and Date: ..........................................................................................................................

***Please attach a photocopy of your Baptism Certificate, (which you can obtain from the Church of Baptism if necessary)***

Address: ..........................................................................................................................................................

Postcode: ............................................................ Home Phone no: ….............................................................

**Parent 1** First Name: .................................................... Surname: ................................................................

email : ……………………………………………………………………. …. Mobile : ………………..…………………………………………….

**Parent 2** First Name: ...................................................... Surname: ................................................................

email : ……………………………………..…………………………………. Mobile : ………………………………..…………………………….

Emergency Contact Number/s: .......................................................................................................................

Any medical condition, food allergies, or special dietary requirements you feel we should be aware of:

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Please could parents indicate if they prefer a session on Sunday mornings before the 10.30am Mass or Tuesday 3.30pm sessions. Please cross out the one you will not attend. We hope sessions will be in the Parish Hall of Our Lady of Lourdes Church, Rottingdean. Depending on lockdown, some sessions may be ‘home schooled’ by parents.

Preferred Session : Sunday Morning 9.30am-10.30am / Tuesday afternoon 3.30pm-4.30pm

I consent to my child's photograph to be taken for use in Church displays: YES / NO

Signed (Candidate): .................................................................................... Date: .......................................

Signed (Parent): .......................................................................................... Date: .......................................

Any enquiries or questions please contact the catechist, Julie Ghazal tel. 07952700008 or

Email : julieghazal80@gmail.com