

Our catechism programme presumes attendance at the 10.30am Mass on catechism Sundays. We appreciate that occasionally this might not be possible but missing Mass should be the exception rather than the norm. We also ask that you ensure your child/ren miss as few classes as possible and that they arrive promptly by 9.30am. Students in our sacrament preparation classes who miss 4+ classes will be invited to repeat the year, to ensure they're adequately prepared to receive the sacrament in line with diocesan requirements.

Religious Education Programme Registration Form 2019-20

Our Lady of Faith
English Language Roman Catholic Mission
englishmission@hotmail.com; www.catholicchurchlausanne.org

One form per family: please return asap to Pam Molaschi (ch du Grabe 7, 1091 Grandvaux)

Catechism fees should be paid in cash in an envelope with your surname on the front on 8 and 22 September - the first two catechism Sundays of 2019-20 – or via bulletin de versement (available from Pam)*

*CHF100 per child or CHF250 for those with 3+ children in the programme

Children's Surname and Names	Date of Birth	Name of School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) Surname and Names: _____

Address: _____

Tel. No. (Home): _____ Mobile No*: _____

Email Address: _____

* for use in the event of an emergency during class time and so we can contact you re any last minute classroom changes, etc.

Child(ren) speak English: fluently adequately only a little
☐ ☐ ☐

Child(ren) write and read English: with no difficulty reasonably well with help
☐ ☐ ☐

This section to be completed by new applicants only:

I would like my child(ren) to prepare for the Sacrament(s) of: _____

Note: First Holy Communion and Confirmation preparation are two year programmes. Students can be Confirmed once they turn 14.

All children named on this form have been baptised: Yes ☐ No ☐

What other Sacraments have they received to date?

Child: _____ Sacrament(s): _____

This section to be completed by all applicants:

Please describe any learning/developmental challenges for any of the children: _____

If your child suffers from a medical condition that his/her teacher should be aware of please provide details:

If there is anything that your child's teacher should be made aware of (for example: a recent death in the family) please provide details:

I do **not** consent to the release of my telephone number / email to others in my child's class: ☐

Parents' Signature:

Date :