

# Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4

TELEPHONE: 905 856-2205 FAX: 905 850-5589

## 2019 First Holy Communion Registration Form

*Please print.*

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

Fee: \$50

### I. CHILD'S INFORMATION

Full Legal Name as it Appears on the Official Birth Certificate

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

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

Rite/Denomination:  Roman Catholic  Other \_\_\_\_\_

Address of the Church of Baptism: \_\_\_\_\_

**\*\*Please note that a copy of the Baptismal Certificate is required at the time of registration\*\***

Name of School: \_\_\_\_\_ Grade (in September 2018): \_\_\_\_\_

Allergies/Special Needs: \_\_\_\_\_

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

Street

City

Postal Code

### II. PARENT'S INFORMATION

#### Mother

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Religion:  Roman Catholic  Other \_\_\_\_\_  None

Address: \_\_\_\_\_

Street

City

Postal Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Father

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Religion:  Roman Catholic  Other \_\_\_\_\_  None

Address:  Same as mother's \_\_\_\_\_

Street

City

Postal Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**To be completed by the office staff:**

Registration number: \_\_\_\_\_ Communion Date: \_\_\_\_\_ Verified: \_\_\_\_\_