

Immaculate Conception Parish

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

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

2020 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 2019): _____

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: _____

Media Release: I consent to have photographs and video taken of my children during the ceremony for use in any form of media and/or any publicity material produced or printed by Immaculate Conception Parish.

Signature of Parent/Guardian

To be completed by the office staff:

Registration number: _____

Communion Date: _____

Verified: _____