



## ST. MARGARET MARY CHURCH

8500 Islington Avenue, Woodbridge, Ontario L4L 1X4

Telephone: (905) 851-2661

Fax: (905) 856-5716

E-mail: [office@stmargmary.com](mailto:office@stmargmary.com)

[www.stmargaretmaryparish.com](http://www.stmargaretmaryparish.com)

### FIRST COMMUNION REGISTRATION 2021-2022

Before completing the attached registration, please ensure that:

1. Your child is currently in Grade 2.
2. Your child is baptized in the Roman Catholic faith.
3. If your child **has not been baptized in the Roman Catholic Faith** or not baptized at all, please call the parish office and speak with Father Rony as soon as possible.

### CHECK LIST – BEFORE SUBMITTING TO PARISH OFFICE:

- **COPY of Baptismal Certificate (originals not accepted)**
- **Completed Registration Form**
- **Payment (\$75.00 cash or cheque)**

**All of the above items must be completed and brought altogether to the parish office no later than October 29, 2021**



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## COMMUNION REGISTRATION FORM 2021/2022

Name of Student: \_\_\_\_\_  
First name Middle Name(s) Last name

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

Father's Name: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_ Father's email: \_\_\_\_\_

Mother's Name & Maiden Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_ Mother's email: \_\_\_\_\_

### Parent/Guardian Declaration of Intent and Acknowledgement of Commitment

We/I understand that the sacraments of First Holy Communion and/or Confirmation are important celebrations in the Catholic Faith and that preparation for these sacraments is not to be taken lightly. As an affirmation of this fact, we/I promise to give top priority to our/my child's attendance at all weekly preparation classes over any other activities that may conflict with planned catechetical instructions. Frequent absenteeism may result in postponement of sacramental reception to the following year. It is our/my intention that our/my child receives the sacrament of **First Holy Communion** or the sacrament of **Confirmation** in the community of St. Margaret Mary Parish. We/I understand that through support at home, as well as faithful attendance at Mass, we/I will encourage and strengthen our/my child's journey toward the sacraments.

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

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

\_\_\_\_\_  
Date

### Office Use Only

- Photocopy of Baptismal Certificate Attached OR
- Baptized at St. Margaret March Church on (Month/Day/Year) \_\_\_\_\_
- Registration Fee of \$75 received in full by \_\_\_\_\_ on: \_\_\_\_\_
- Mass booklet given to registrant