



ST. MARGARET MARY CHURCH

8500 Islington Avenue, Woodbridge, Ontario L4L 1X4

Telephone: (905) 851-2661
Fax: (905) 856-5716
E-mail: office@stmargmary.com
www.stmargaretmmaryparish.com

FIRST COMMUNION REGISTRATION 2025-2026

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 Jude as soon as possible.

CHECK LIST – BEFORE SUBMITTING TO PARISH OFFICE:

- **COPY of Baptismal Certificate**
- **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 21, 2025



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COMMUNION REGISTRATION FORM 2025/2026

Please print clearly and return to St. Margaret Mary Church office

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

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

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 Activity Booklet given to registrant