

Immaculate Conception Parish

300 ANSLEY GROVE RD., WOODBRIDGE, ONTARIO L4L 3W4
TELEPHONE: 905 856-2205 FAX: 905 850-5589 EMAIL: icparish@rogers.com

August 22, 2022

Dear Parents and Guardians,

RE: 2023 First Holy Communion Registration

Attached please find the 2023 First Holy Communion registration form. Grade 2 students wishing to receive the Sacrament of First Holy Communion must be registered at Immaculate Conception Parish. Registrations will **open on August 22, 2022 and will close on September 21, 2022.**

In order to register your child, please fill in the attached registration form and **return it to the parish office during office hours** with a copy of your child's Baptismal certificate. A fee of **\$50** will be applied to cover the expenses (**cash or cheque only**). **Incomplete registrations will not be accepted.**

The complete preparation program will be released at the parent meeting which will be held on **Wednesday September 28, 2022 at 7:30pm. Attendance at the meeting is mandatory.** All updates will be sent to the email address provided on the registration form. If you are unable to attend the meeting, please contact me at your earliest convenience.

If you have any questions and/or concerns, please do not hesitate to contact the parish office.

Sincerely yours in Christ,

Fr Eugene Chianain, C.F.I.C.
Pastor

2023 FIRST HOLY COMMUNION DATES

- Saturday May 6, 2023 at 11:00am – *Immaculate Conception*
- Saturday May 6, 2023 at 1:00pm – *St. Catherine & Other Schools*
- Saturday May 6, 2023 at 3:00pm – *St. Gabriel*
- Sunday May 7, 2023 at 2:30pm – *St. John Bosco*

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2023 First Holy Communion Registration Form

Please print clearly and return to the Immaculate Conception Parish office.

Registration Date: _____

Fee: \$50 (cash or cheque only)

I. CHILD'S INFORMATION

Full Legal Name as it Appears on the Official Birth Certificate

First Name	Middle Name	Last Name
Date of Birth: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Baptism: _____	Church of Baptism: _____	
Rite/Denomination: <input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other _____	
Address of the Church of Baptism: _____		
Please note that a copy of the Baptismal Certificate is <u>required</u> at the time of registration		
Name of School: _____	Grade: _____	
Allergies/Special Needs: _____		
Child's Address: _____		
Street	City	Postal Code

II. PARENT'S INFORMATION

Mother

First Name	Middle Name	Maiden Name
Religion: <input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
Address: _____		
Street	City	Postal Code
Phone Number: _____	Email: _____	

Father

First Name	Middle Name	Last Name
Religion: <input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
Address: <input type="checkbox"/> 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: Communion Date: _____