

Immaculate Conception Parish

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

September 6, 2023

Dear Parents and Guardians,

RE: 2024 First Holy Communion Registration

Attached please find the 2024 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 Wednesday September 6, 2023 and will close on Saturday October 7, 2023.**

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 **Monday October 23, 2023 at 7pm at Immaculate Conception Parish. Attendance at the meeting is mandatory.**

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

2024 FIRST HOLY COMMUNION DATES

- Sunday May 26, 2024 at 2:30pm – Immaculate Conception
- Saturday June 1, 2024 at 11:00am – St. John Bosco
- Saturday June 1, 2024 at 1:00pm – St. Gabriel
- Saturday June 1, 2024 at 3:00pm – St. Catherine & Other Schools

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2024 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: _____ 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: _____

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: Communion Date: _____