

# Immaculate Conception Parish

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

TELEPHONE: 905 856-2205 FAX: 905 850-5589 EMAIL: [icparish@rogers.com](mailto:icparish@rogers.com)

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August 25, 2025

Dear Parents and Guardians,

## **RE: 2026 First Holy Communion Registration**

Attached please find the 2026 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 Monday August 25, 2025.**

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/candidate/pastor meeting which will be held in October. **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 Shaiju Ponmalakunnel, C.F.I.C.  
Administrator

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## **2026 FIRST HOLY COMMUNION DATES**

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- Saturday May 23, 2026 at 11:00am – St. Catherine & Others
- Saturday May 23, 2026 at 1:00pm – St. John Bosco
- Saturday May 23, 2026 at 3:00pm – St. Gabriel
- Sunday May 24, 2026 at 2:30pm – Immaculate Conception

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## 2026 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: _____		
<b>**Please note that a copy of the Baptismal Certificate is <u>required</u> at the time of registration**</b>		
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: \_\_\_\_\_