Immaculate Conception Parish

300 ANSLEY GROVE RD, WOODBRIDGE, ONTARIO L4L 3W4
TELEPHONE: 905 856-2205 FAX: 905 850-5589 immaculateconceptionwo@archtoronto.org

September 7, 2026

Dear Parents and Guardians,

RE: 2027 First Holy Communion Registration

We are very excited to begin preparing our Grade 2 students for the Sacrament of First Holy Communion!

Attached please find the **2027 First Holy Communion Registration Form**. Children wishing to receive First Holy Communion must be registered at Immaculate Conception Parish. Registration will **open on Tuesday September 8, 2026**, **and will close on Wednesday, September 30, 2026**.

To register your child, please complete the attached registration form and **return it to the parish office** during office hours, along with a copy of your child's **Baptismal Certificate**. A **$50 registration fee** will apply to help cover the expenses **(cash or cheque only).** Please ensure that all information is completed, as incomplete registrations will not be accepted.

The First Holy Communion preparation program will be explained in detail at our **Parent Meeting on Wednesday, October 14, 2026 at 7:30pm at Immaculate Conception Parish**. **Attendance at this meeting is mandatory.** Please note that registrations will not be accepted at the Parent Meeting.

If you are unable to attend the Parent Meeting, please contact me at your earliest convenience.

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

Sincerely yours in Christ,

Fr. Shaiju Ponmalakunnel, C.F.I.C.
Pastor

2027 First Holy Communion Dates

- Saturday April 17, 2027 at 11:00am – *St. Gabriel*
- Saturday April 17, 2027 at 2:00pm – *St. Catherine & Others*
- Saturday April 24, 2027 at 11:00am – *St. John Bosco*
- Saturday April 24, 2027 at 2:00pm – *Immaculate Conception*

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2027 First Holy Communion Registration Form

Please print clearly and return to Immaculate Conception Parish office.

Child's Information

Full legal name of child (as it appears on the Baptism Certificate):

_____
First Name Middle Name(s) Last Name

☐ Male ☐ Female Date of Birth:_____ City of Birth: _____

Date of Baptism: _____ Church of Baptism:_____

Address of the Church of Baptism: _____

Rite/Denomination: ☐ Roman Catholic ☐ Other:_____ ****A copy of the certificate is required.****

Name of School: _____ Grade: _____

Allergies/Special Needs: _____

Child's Address: _____
Street City Postal Code

Parent's Information

Mother (Full legal name & maiden name):

_____
First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic ☐ Other:_____ ☐ None

Present Address: _____
Street City Postal Code

Phone number: _____ Email: _____

Father (Full legal name):

_____
First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic ☐ Other:_____ ☐ None

Present Address: ☐ same as mother's ☐_____
Street City Postal Code

Phone number: _____ Email: _____

Declaration

Media Release: ☐ I consent to have photographs and videos taken of my child during the preparation and ceremony for use in any form of media and/or publicity material produced or printed by Immaculate Conception Parish.

I, the undersigned declare that the information on this form is true and accurate.

Name: _____ Signature: _____

Date: _____ Fee: $50 (Cash or cheque only)