

ST. CLARE OF ASSISI PARISH 150 Saint Francis Avenue Woodbridge, ON L4H 2A2 Tel: (905) 653-8000

2023

Email: info@saintclareofassisi.ca Web: saintclareofassisi.ca

FIRST HOLY COMMUNION Registration Forms for Catholic Schools

Before completing tl	he attached registration,	, please ensure that:
☐ Your child is bap	tised in the CATHOLIC fa	aith
	ed a PHOTOCOPY of yo <i>ild was baptized at St</i>	ur child's baptism certificate . Clare of Assisi
	concerns about the abo ndré as soon as possible.	ove requirements, please contact
at the parish an	y time till the dead day to submit registi	to be dropped off in the office lline (please check our office rations is <u>September 29, 2022</u>
_	ortant Notice for Childr odox Rite or Eastern Rit	-
Orthorial or daught already received the	odox Rite or Eastern Rit	f the following churches, they have so, we are willing to have them
If your son or daught already received the participate with their	odox Rite or Eastern Riter was baptized in one of the communion. If the classmates who are received to do so, you MUST fill o	f the following churches, they have so, we are willing to have them
If your son or daught already received the participate with their In order for your child us with a copy of your characters.	odox Rite or Eastern Riter was baptized in one of the communion. If the classmates who are received to do so, you MUST fill o	f the following churches, they have so, we are willing to have them ring for the first time. ut a registration form and send it to ifficate so they can participate with
If your son or daught already received the participate with their In order for your child us with a copy of your characters.	ter was baptized in one of the communion. If the classmates who are received to do so, you MUST fill of the child's baptismal certification.	f the following churches, they have so, we are willing to have them ring for the first time. ut a registration form and send it to ifficate so they can participate with



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Photocopy of Baptismal Certification	cate				
NAME OF SCHOOL					
CHILD'S FIRST NAME* CHILD'S I	MIDDLE NAME	NAME* CHILD'S LAST NAME*			
*CHILD'S NAME MUST APPEAR EX	XACTLY AS IT A	PPEARS ON B	SAPTISMAL CERTI	FICATE	
DATE OF BIRTH (DD/MM/YYYY)		DATE OF BAPTISM (DD/MM/YYYY)			
CHURCH OF BAPTISM		CITY/COUNTRY			
FATHER'S FIRST & LAST NAME		MOTHER'S FIRST & MAIDEN NAME			
HOME ADDRESS		CITY		POSTAL CODE	
HOME/CELL PHONE NUMBER	EMAIL ADDR	ESS			
Please indicate the number of peop Please do not include child receiving 1st	-			 Pating will be reserve	
for the child's parents and brothers a				_	
will be seated with their parents and no livestreamed on our YouTube channel		•		-	
investreamed on our Tourube Channer	ioi allyone e	ise will we	ants to follow	iC.	
Declaration of Intent and Acknowle	edgement (of Commit	ment:		
It is my/our intention that my/our chil	ld receives t	he Sacram	ents of <i>First F</i>	Reconciliation and Fir	
Communion in the community of St. C	Clare of Assi	si Parish.	I/We acknowle	edge our responsibili	
to journey with him/her at home and of this preparation. As parent(s)/guardi					
this obligation is by faithful attendance	. , .	•		, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE OF PARENT/GUARDIAN		DAT	Έ		