St. Patrick's Parish

Office: 1600 Flos Road Four West, Phelpston, ON L0L 2K0
Tel: 705-322-1200 • Fax: 705-322-5202 • Email: stpatricksph@archtoronto.org

FIRST RECONCILIATION & FIRST COMMUNION REGISTRATION

(Please submit the completed form on or before December 15, 2025)

Please note: This registration form can only be accepted and processed by the parish when accompanied by a photocopy of your child's baptismal certificate.

(PLEASE PRINT ONLY)

CHILD'S INFORMATION

Full Christian Name		
Street Address		
City	Postal Code	Age
School		Grade
Child's Date of Birth	Gender Male ☐ Female ☐	

PARENT INFORMATION

Mother's Full Legal Name (First, Middle, Last & Maiden Name)	
Religion of Mother Roman Catholic: ☐ Other: _____ None ☐	Mother's Phone Number
Mother's Email Address	☐ I am a parent or have legal custody of the child.
Fathers Full Legal Name (First, Middle, Last Name)	
Religion of Father Roman Catholic: ☐ Other: _____ None ☐	Father's Phone Number
Father's Email Address	☐ I am a parent or have legal custody of the child.

EMERGENCY CONTACT INFORMATION

Emergency Contact (other than parents)	Phone	Relation to Child

SACRAMENTAL LIFE

Has your child been Baptized in the Roman Catholic Faith?

Yes ☐ No ☐

Name and address of the church where your child was baptized: of Church of Baptism:	Date of Baptism

If not Baptized Roman Catholic, Has your child been Baptized in another Christian Denomination?

Yes ☐ No ☐ Which Denomination? _____

PARISH LIFE

Are you a registered member St. Patrick's Parish/Our Lady of Lourdes Mission?

Yes ☐ No ☐

How often does your family attend Mass?

Weekly ☐ Monthly ☐ Christmas/ Easter & Special Occasions ☐ Rarely ☐

Where does your family attend Mass?

DECLARATION OF CANDIDATE

I_____ask to receive my First Reconciliation and First Holy Communion. Therefore;

I will participate at Sunday Mass every.	Yes ☐ No ☐
I will participate in my Communion/Confession preparation sessions to the best of my ability.	Yes ☐ No ☐
I will pray regularly and attempt to show love for others.	Yes ☐ No ☐
I will exercise my Christian responsibilities by responding to needs in my community, school, parish, and home.	Yes ☐ No ☐

SIGNATURE

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

Name: (please print)

Signature of Parent/Guardian	Date

OFFICE USE ONLY

Baptism Certificate Received: ☐ **Registration Donation - $20.00 per child Received:** ☐

Notes:_____

If you have any questions, please contact the Parish Office at:
stpatricksph@archtoronto.org