

# St. Dominic



ROMAN CATHOLIC CHURCH

*A Faith Community Alive in Christ Jesus*

625 Atwater Avenue, Mississauga, Ontario L5G 2A8

Ph: 905-278-7762

• Email: [stdominicsmi@archtoronto.org](mailto:stdominicsmi@archtoronto.org)

## First Holy Communion Registration Form— Page 1 of 2

Please complete this form and return it to the parish (**PLEASE PRINT**)

### Parish Information

Name of Parish: \_\_\_\_\_

- ☐ I currently live within the territorial boundaries of the parish.  
☐ I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish.

### Child's Information

Child's Full Legal Name: \_\_\_\_\_

First Name

Middle Name(s)

Last Name

☐

Male

☐

Female

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address of Baptismal Church: \_\_\_\_\_

Child's School: ☐ St. Dominic Catholic Elementary School ☐ Queen of Heaven Catholic Elementary School

Other – Please Specify \_\_\_\_\_ Grade: Gr. 2 Other – Please Specify \_\_\_\_\_

### Parent's Information

Father's First & Last Name: \_\_\_\_\_

Religion: ☐ Roman Catholic Other: \_\_\_\_\_ ☐ None \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am a parent of or have legal custody of the child.

Mother's First & **MAIDEN** Name: \_\_\_\_\_

Religion: ☐ Roman Catholic Other: \_\_\_\_\_ ☐ None \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ I am a parent of or have legal custody of the child.



# First Holy Communion Registration Form – Page 2 of 2

The Registration fee is \$50.

## REGISTRATION PAYMENT METHODS:

CASH: \_\_\_\_\_

E-TRANSFER TO [TDIAS@ARCHTORONTO.ORG](mailto:TDIAS@ARCHTORONTO.ORG) \_\_\_\_\_

(PLEASE ENTER YOUR CHILDS FIRST AND LAST NAME IN COMMENTS OF E-TRANSFER)

## Declaration

BY SIGNING BELOW, I AGREE TO SUPPORT MY CHILD'S SPIRITUAL DEVELOPMENT BY ACCOMPANYING HIM/HER TO SUNDAY MASS.

I, the undersigned, declare that the information on this form (Pages 1 & 2) is true and accurate.

PLEASE PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_