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

First Holy Communion Registration Form–

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 –

The Registration fee is $50.

REGISTRATION PAYMENT METHODS:

CASH: _____

E-TRANSFER TO TDIAS@ARCHTORONTO.ORG _____ PASSWORD: "Communion"

(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:** _____