

ST. PETER'S ROMAN CATHOLIC CHURCH

100 Bainbridge Ave, Woodbridge, Ontario L4L 3Y1

Telephone: (905) 851-3600

Fax: (905) 856-0171

Dear parents and guardians:

June 23, 2023

As the end of another school year draws near, I would like to take this opportunity to wish you and your family a happy and safe summer vacation. As you know, your child will be ELIGIBLE to receive the SACRAMENT OF FIRST HOLY COMMUNION in the Spring of 2024. In order to better serve your family's needs for the coming scholastic year, I am providing dates that First Holy Communion celebrations will take place on.

We will be holding two **REGISTRATION NIGHTS** (see below) in order for parent(s) / guardian(s) to formally register their child and provide important information needed with regards to the Sacrament of First Holy Communion.

Please plan ahead and **CHOOSE ONLY ONE** night to attend. The parish office does not need to be notified which night you plan to attend.

- **DO NOT SEND THE ATTACHED REGISTRATION FORM TO SCHOOL.**
- **DO NOT BRING THE REGISTRATION FORM TO THE PARISH OFFICE BEFORE THE REGISTRATION NIGHTS LISTED BELOW.**

FORMS MUST BE BROUGHT WITH YOU ON ONE OF THE REGISTRATION NIGHTS NOTED BELOW.
THESE WILL BE THE ONLY DATES OFFERED TO REGISTER YOUR CHILD FOR FIRST COMMUNION.

DATES FOR REGISTRATION

Wednesday, October 11, 2023 at 7:00pm

OR

Friday, October 13, 2023 at 7:00pm

(Children need not be present as the meeting will be geared towards the parents and guardians)

REQUIRED TO BRING ON REGISTRATION NIGHT

- Fully completed registration form (attached)
 - Copy of your child's Baptismal Certificate
 - Payment of \$30.00 (processing fees)
Payment may be made in cash or cheque
(please make your cheque payable to St. Peter's parish).
- ALL ITEMS NOTED ABOVE, MUST BE ATTACHED,
OR REGISTRATION WILL NOT BE ACCEPTED!**

PLEASE NOTE: If your child was baptized here at St. Peter's Parish, you do NOT need to attach a copy of the baptismal certificate. Simply indicate that your child was Baptized at St. Peter's church on the registration form.

FIRST HOLY COMMUNION DATES 2024

San Marco School – Saturday, April 6, 2024 at 11am

St. Peter's School – Saturday, April 13, 2024 at 11am

St. Angela Merici School – Sat. April 20, 2024 at 11am

St. Clement School – Saturday, April 27, 2024 at 11am

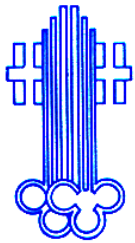
Public/Private & Other Catholic Schools –
Saturday, April 13, 2024 at 11:00am
(together with St. Peter's School)

PLEASE NOTE: that **ONLY** registered and “practicing” members of our parish may receive this sacrament here at St. Peter's church. Students attending one of our local catholic schools who do not belong to St. Peter's parish must receive special permission from their home parish if they wish to receive these sacraments at St. Peter's church.

Should you have any questions or require further information, do not hesitate to contact the parish office during the office hours of 9:00am to 7:00pm from Monday to Friday. The parish office is closed on Saturday and Sunday.

Sincerely yours in Christ,

Fr. Charles M. Grech, ofm
Pastor



THE FOLLOWING ITEMS MUST BE BROUGHT WITH YOU TO ONE OF THE FOLLOWING REGISTRATION NIGHTS.

Wednesday, October 11, 2023 at 7:00pm

or

Friday, October 13, 2023 at 7:00pm

Please plan ahead and CHOOSE ONE of the following nights to attend.

You do not need to advise the parish office which night you choose.

Children need not be present as the meeting is intended for parents / guardians.

CHECK LIST

- Registration Form
- Copy of Child's Baptismal Certificate
- Payment of \$30.00 (Processing fees)

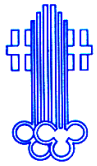
Payment may be made in cash or cheque

(please make your cheque payable to St. Peter's parish).

PLEASE NOTE: *If your child was baptized here at St. Peter's Parish, you do NOT need to attach a copy of the baptismal certificate. Simply indicate that your child was Baptised at St. Peter's church on the registration form.*

DO NOT SEND THE REGISTRATION FORM TO SCHOOL.
**FORM MUST BE RETURNED TO CHURCH ON ONE OF THE
REGISTRATION NIGHTS NOTED ABOVE.**

***ALL ITEMS NOTED ABOVE, MUST BE ATTACHED, OR REGISTRATION
WILL NOT BE ACCEPTED!***



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Tel: 905 851-3600 Fax: 905 856-0171

Registration for First Holy Communion – 2024

Please complete form and return on October 11th OR October 13th, 2023 at 7pm.
Make sure to include required documents before submitting to prevent delays in
registration. (ex: baptismal certificates)

Email: office@stpeterswoodbridge.com

Registration Date: _____

*Only registered and ``practicing`` members of St. Peter's are eligible to receive the sacraments.
If you do not belong to St. Peter's parish you must receive special permission from your home parish in
order to receive sacraments at St. Peter's Church.*

Please answer the question that best applies to you:

- ☐ I currently live within the territorial boundaries of St. Peter's Parish.
Are you a registered member YES ☐ NO ☐
- ☐ I currently DO NOT live within the territorial boundaries of St. Peter's Parish,
but I am formally registered.
- ☐ I currently DO NOT live within the territorial boundaries of St. Peter's Parish and will provide
St. Peter's Parish with a *Letter of Permission* from my community parish.
- ☐ I am currently NOT REGISTERED with a parish.

If you are currently NOT registered with a parish, please locate your nearest Church as we recommend you register as a family within your territorial boundaries. **Please note that you will be required to obtain a *Letter of Permission* from your local parish in order to receive Sacraments at our parish.** Please state *reason* you are requesting your child to receive First Communion at St. Peter's Parish. What are your connections with our Parish?

Please REMEMBER to obtain a *Letter of Permission* from your local parish.

As it is the duty of BOTH parents to continue to raise your child in the Catholic faith,
both parents should participate in answering the following question:

“What is the importance of your child receiving First Communion? (this is not a test, but simply a way of helping you to realize that raising your child(ren) in the Catholic faith requires attendance as a family especially after receiving their Baptism in preparation for their First Communion.)

CHILD'S INFORMATION: (FIRST COMMUNION)

Full legal name of Child as it appears on the **official Birth Certificate**. We ask that you be specific when completing the portion below. If your child has a combined surname, kindly provide us with only the official surname according to their birth certificate.

School Name: _____

First Name: _____ Middle: _____ Last: _____
(*Please note: must appear as noted on Baptismal Certificate*)

Date of Birth _____ / _____ / _____ Place of Birth _____
Day Month Year

If your child was Baptized at St. Peter's church, we will NOT require a copy of the certificate.

If your child was NOT Baptized at St. Peter's church, we WILL require a copy of the Baptismal Certificate to be submitted together with this form.

Church of Baptism: _____

Address: _____

Date of Baptism: _____ / _____ / _____
Month Day Year

Father's Name: _____

Mother's Name: _____
First Name **Maiden Name**

Address: _____
Street City Postal Code

Telephone #: _____ Cell #: _____

Email Address: _____
(*please print clearly – required for communicating future information to you!*)

Religion: Mother: _____ Father: _____

Marital Status:
(Please circle) Single Married Divorced Widowed

**Please attach a photocopy of Baptism Certificate to this Form
if your child was not baptized at St. Peter's Church**

PARENT(S) INFORMATION:(FIRST COMMUNION) CHILD'S NAME:_____

FATHER'S INFORMATION (Full Legal Name) *(Please print clearly)*

First Name Middle Name Last Name

☐ I am a parent, or have legal custody of the child. ☐ Other: _____

Religion: ☐ Roman Catholic ☐ Other Specify: _____ ☐ None

Present Address Information:

Street City Postal Code

Contact #: _____ Email: _____

(Please print clearly)

MOTHER's INFORMATION (Full Legal Name & Maiden Name)

First Name Middle Name Last Name Maiden Name

☐ I am a parent, or have legal custody of the child. ☐ Other: _____

Religion: ☐ Roman Catholic ☐ Other Specify: _____ ☐ None

Present Address Information: ☐ SAME AS ABOVE

Street City Postal Code

Contact #: _____ Email: _____
(Please print clearly)

DECLARATION: Please Complete Below

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

Name (please print): _____ **mother / father** (circle one)

Signature: _____ Date: _____

OFFICE USE ONLY-please leave blank

Use Only

Baptism form attached _____

Payment of \$30 Received: Cash _____ *Cheque #* _____

Other Notations: _____