

2022-23 First Holy Communion Registration Form



Please complete this form and return it to the parish by **October 31, 2022**

(PLEASE PRINT CLEARLY)

School Information

Name of School: _____	Grade & Teacher: _____
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Parish Information

Name of Parish: St. Mary Immaculate Church	City: Richmond Hill
<input type="checkbox"/> I currently live within the territorial boundaries of the parish.	
<input type="checkbox"/> I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish.	

Child's Information *****attach a copy of your child's Baptismal Certificate to this form****

Full legal name of child: (Please ensure the name below matches the one shown on the baptism certificate)		
_____	_____	_____
First Name	Middle Name(s)	Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	City of Birth: _____
Church of Baptism: _____		Date of Baptism: _____
Address of Baptismal Church: _____		
Baptismal Church Email: _____		

Parent's Information

<u>Mother</u> (Full legal name & Maiden Name)			
_____	_____	_____	_____
First Name	Middle Name(s)	Last Name	(Maiden Name)
Religion: <input type="checkbox"/> Roman Catholic	Other: _____	<input type="checkbox"/> None	
Present Address: _____			
Street		City	Postal Code
Phone: _____	Email: _____		
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			
<u>Father</u> (Full legal name)			
_____	_____	_____	_____
First Name	Middle Name(s)	Last Name	
Religion: <input type="checkbox"/> Roman Catholic	Other: _____	<input type="checkbox"/> None	
Present Address: <input type="checkbox"/> Same as mother's			
Street		City	Postal Code
Phone: _____	Email: _____		
<input type="checkbox"/> I am a parent of, or have legal custody of the child.			

Declaration

I, the undersigned, declare that the information on this form is true and accurate. I authorize by my signature below, for my child to participate in the classes, and if necessary, via the Parish zoom account.	
Name (PLEASE PRINT): _____	
Signature: _____	Date: _____