

CHRIST THE KING CHURCH
3674 LAKE SHORE BLVD. W.
ETOBICOKE, ONTARIO M8W 1N6

FIRST RECONCILIATION AND COMMUNION REGISTRATION FORM

PARENTS' MEETING -ENGLISH GROUP -THURSDAY, OCTOBER 11TH 2018, 6:30PM,
PARENTS' MEETING - POLISH GROUP - SUNDAY, OCTOBER 14TH 2018 after the Polish Mass at 12:00,
FIRST COMMUNION CELEBRATION: ENGLISH GROUP - SATURDAY, MAY 4TH 2019 AT 5:00PM:
POLISH GROUP – SUNDAY, MAY 5TH 2018 AT 12:00 PM.

PLEASE PRINT ALL INFORMATION CLEARLY.

CHILD'S NAME.....
LAST NAME GIVEN NAME(S)

DATE OF BIRTH: **PLACE OF BIRTH:**
DAY MONTH YEAR CITY PROVINCE

DATE OF BAPTISM: **PLACE OF BAPTISM:**
DAY MONTH YEAR NAME OF PARISH

.....
FULL ADDRESS OF PARISH WHERE CHILD WAS BAPTIZED

FATHER'S NAME: **RELIGION:**
LAST NAME GIVEN NAME(S)

MOTHER'S NAME: **RELIGION:**
MAIDEN NAME GIVEN NAME(S)

PARENTS' ADDRESS.....
NO. STREET NAME APT.
.....
CITY PROVINCE POSTAL CODE

PARENTS' PHONE NUMBER(S).....

PARISH WHERE YOU NORMALLY WORSHIP ON SUNDAY:

SCHOOL ATTENDED BY CHILD:

PREFERRED LANGUAGE OF SACRAMENT (PLEASE CIRCLE): **ENGLISH** **POLISH**

IMPORTANT INFORMATION: PLEASE RETURN THIS COMPLETED FORM IN-PERSON TO THE PARISH OFFICE OR TO THE PARENT'S MEETING ALONG WITH A PHOTOCOPY OF THE CHILD'S BAPTISMAL CERTIFICATE NO LATER THAN **OCTOBER 11TH, 2018** FOR THE **ENGLISH-LANGUAGE** GROUP OR **OCTOBER 14TH, 2018** FOR THE **POLISH-LANGUAGE** GROUP. PLEASE ENCLOSE **\$50.00** FOR REQUIRED MATERIALS.

SIGNATURE OF PARENT OR GUARDIAN:.....**DATE**.....

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| FOR PASTOR AND OFFICE USE ONLY | |
| DATE OF INITIAL INQUIRY: | FEE PAID: |
| NOTES: | |