

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 24, 2019 6:30PM,

POLISH GROUP - SUNDAY, OCTOBER 20, 2019 AFTER POLISH MASS

FIRST CLASS: ENGLISH GROUP - WEDNESDAY, NOVEMBER 6, 2019 AT 7:00PM

FIRST COMMUNION CELEBRATION: ENGLISH GROUP - SATURDAY, MAY 2, 2019 AT 5:00PM

POLISH GROUP - SUNDAY, MAY 3, 2019 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 24, 2019** FOR THE **ENGLISH-LANGUAGE** GROUP OR **OCTOBER 20, 2019** FOR THE **POLISH-LANGUAGE** GROUP. PLEASE ENCLOSE **\$50.00** FOR REQUIRED MATERIALS.

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

FOR PASTOR AND OFFICE USE ONLY

DATE OF INITIAL INQUIRY: **FEE PAID:**

NOTES:.....