

## St. Alphonsus Church

540 St. Clair Avenue West, Toronto, Ontario, Canada M6C 1A4  
Phone: (416) 653-4486 • Fax: (416) 653-6244

November 30, 2022

Dear Parent/Guardian,

Blessings to you all. I pray that God has kept you safe and healthy over these past months.

We are ready to commence with our First Reconciliation and First Communion program for your children. We will be using an online program called "The Way" to help the students prepare. It is a fantastic program that I believe will provide the necessary foundation for your children.

Once we have received all the registration forms and fees the provider who is offering the virtual sessions will then email you the information for you to access the program. We will start the program the week of February 12, 2023. There are six videos that will be released weekly. Each is about 23 minutes.

To register your child please neatly fill out the registration form and bring it in or mail it back to the parish with a cheque for \$60. Make cheque payable to "St. Alphonsus Church." **Please attach a photocopy of your child's Roman Catholic baptismal certificate.**

The email you provide us will be the one your child will use to access the program.

In late March 2023 I will send an email out to all families to schedule a time for your child to come for their 1st Reconciliation. **The First Communion Mass will be Saturday, April 29, 2023 at 11:00 a.m.**

At any time if you have any questions, please feel free to call us here at the parish. 416-653-4486. The parish address is 540 St. Clair Ave. W., Toronto, ON. M6C 1A4. **Please return the registration to the parish by January 15, 2023**

Blessings



Fr. Michael Mateyk, C.P.P.S.



# First Holy Communion Registration Form

Please complete this form and return it to the parish  
(PLEASE PRINT)

## Parish Information

Name of Parish: \_\_\_\_\_ City: \_\_\_\_\_

- 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

Full legal name of child:

\_\_\_\_\_

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: \_\_\_\_\_

## Parent's Information

Mother (Full legal name & Maiden Name):

\_\_\_\_\_

First Name Middle Name(s) Last Name (Maiden Name)

Religion:  Roman Catholic Other: \_\_\_\_\_  None

Present Address: \_\_\_\_\_

Street City Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am a parent of, or have legal custody of the child.

Father (Full legal name):

\_\_\_\_\_

First Name Middle Name(s) Last Name

Religion:  Roman Catholic Other: \_\_\_\_\_  None

Present Address:  Same as mother's

\_\_\_\_\_

Street City Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- 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.

Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_