

HOLY CROSS CHURCH

291 Cosburn Ave. Toronto, ON M4J 2M4

Tel: 416-421-5225 - Fax 416-421-4656

Email: holycrossto@archtoronto.org

Website: holycrossto.archtoronto.org

First Reconciliation & First Holy Communion



**Registration Package
2024-2025**



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Dear Parents:

We are now planning to resume the preparations for the **Sacraments of First Reconciliation (Confession)** and **First Holy Communion** for your children.

In connection with this, we are inviting the parents of children in **Grades 2** to a meeting at the Church Hall. The purpose of this meeting is to outline the parish preparation program for both sacraments.

Parent Information Meeting and Registration will take place on:

Date: **Saturday, March 1, 2025**

Time: **Grade 2 @ 9:30 am**

Venue: **Holy Cross Parish Hall**

MUST bring the following:

- Registration Form. (**Completely filled-up**) Please write legibly.
- Child's Baptismal Certificate even if the baptism took place in Holy Cross Church. (*Photocopy*)
- **\$50.00 Donation**

Your donation will be used to assist our parish to defray the costs of workbooks, Missal booklets and other incidentals. We encourage you to pay in cheque **addressed to Holy Cross Parish**. Please specify in your cheque – For FHC Preparations.

Thank you very much and we look forward to meeting you and your parents/guardian at the registration.

Yours in Christ,

Rev. Godofredo R. Claudio
Pastor



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FIRST RECONCILIATION & FIRST HOLY COMMUNION

Registration Form

(Please write legibly)

CANDIDATE'S FULL NAME:

_____ (LAST) (FIRST) (MIDDLE)

DATE OF BIRTH (M/D/Y):

_____ AGE: _____

SCHOOL: _____

PARENT/GUARDIAN INFORMATION

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

MOBILE PHONE NUMBER: _____

EMAIL ADDRESS: _____

CANDIDATE'S BAPTISM INFORMATION

DATE OF BAPTISM: Month: _____ Day: _____ Year: _____

PLACE OF BAPTISM: **(Please COMPLETE the information. This will be used to notify the Parish where the baptism took place to update your records for future reference.)**

Parish Name: _____

Parish Address: _____ Postal Code: _____

Email: _____ Phone #: _____ Fax #: _____

MUST submit the photocopy of your child's baptismal certificate even if the baptism took place in Holy Cross Church. *If the certificate is printed in a language other than English, please translate the contents of the baptismal certificate.*

NOTE: If your child is not yet baptized or was baptized in a church other than a Roman Catholic Church, please contact the parish office for more information before completing this application.

Registration: March 1, 2025 (Sat); Gr. 2 @ 9:30am Parish Hall

OFFICE USE ONLY

Please check: **Baptismal Certificate:** Yes No **Donation (\$50):** Yes No Cash Cheque

To assist our parish to defray the costs of workbooks, Missal booklets and other incidentals, a donation of \$50.00 is much appreciated. Cash or Cheque payable to Holy Cross Parish –For FHC Preparations.



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FORM OF INTENT

FIRST RECONCILIATION AND FIRST HOLY COMMUNION

CHILD

I _____ ask that my Parish community of HOLY CROSS CHURCH accept and help me with their prayers, and my commitment to learn about Jesus and the Sacrament of Reconciliation and Holy Communion.

PARENTS / GUARDIAN

I _____ and _____

Promise to do my best to encourage, help and strengthen

_____ in his / her preparation.

I WILL DO THIS BY:

- Being a witness of one who believes in God and His Church of which I am a member.
- Being faithful to Sunday Eucharist.
- Participation in Reconciliation & Holy Eucharist program at the parish.
- Praying for all who will receive the Sacrament of Reconciliation, Holy Eucharist, and Confirmation this year from our parish.

MAY GOD BLESS US ALL IN OUR JOURNEY TOWARDS THE HEAVENLY BANQUET!

Signature : _____ Date (M-D-Y): _____