



London North Central Catholic Family of Parishes
 Diocese of London, Ontario, Canada
 "Being a mission-oriented Church forming disciples of Jesus"

St. Michael's Parish
 511 Cheapside Street, London, ON N5Y 3X5
 Tel. 519-433-6689 | Email stmichlon@dol.ca

St. Peter's Cathedral Basilica
 533 Clarence Street, London, ON N6A 3N1
 Tel. 519-432-3475 | Email basilica@dol.ca



**REGISTRATION FOR FIRST RECONCILIATION
 &
 FIRST COMMUNION 2022 - 2023**
Please PRINT Clearly



CHILD'S FULL NAME		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
CITY OF BIRTH:		DATE OF BIRTH:	
		Day / Month / Year	
CHURCH & CITY OF BAPTISM:		BAPTISM DATE:	
		Day / Month / Year	

FATHER'S NAME:		SURNAME:	RELIGION:
FATHER'S ADDRESS:			
	Unit/Apt	Street	Postal Code
PHONE NUMBER (H)		(W)	
MOTHER'S NAME:		MAIDEN NAME:	RELIGION:
MOTHER'S ADDRESS: <i>(If different than Father's)</i>			
	Unit/Apt	Street	Postal Code
PHONE NUMBER (H)		(W)	
EMAIL:			
<input type="checkbox"/> By providing my email address I give St. Michael's/ St. Peter's Cathedral parish permission to contact me by email.			
CHILD'S SCHOOL:		GRADE:	TEACHER:

If your child is Not Baptized please contact Debbie Walsh, Pastoral Minister at dwalsh@dol.ca

REGISTERED PARISHIONER: <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE *Please attach a copy of Baptismal Certificate*
Please enclose Registration Fee of \$20.00 (books & resources)
(If this is a financial hardship, please contact the parish office)

❖ As the parent/guardian of the child being registered, I understand I am the first teacher of faith and formation in my child's preparation for sacraments.

(Please sign)



Permission Form & Check List

Throughout the preparation time there will be opportunities for photographs to be taken that have the potential to be used on our parish youth bulletin boards, website and Facebook page without naming the participant.

- I give permission for photographs of my child _____ to be displayed without naming.

- I do **not** give permission for photographs of my child _____ to be displayed without naming.

Parent/Guardian Signature: _____

Date: _____

Check List:

- Copy of child's Baptismal Certificate attached (*even if baptized at St. Michael's or St. Peter's*)
- All areas of registration form are completed
- Permission to take photographs is signed
- Registration Fee of \$20.00 is attached (*If this is a financial hardship, please contact the parish office*)

We look forward to journeying in faith with your family.

For Office Use Only:

- | | |
|--|---|
| <input type="checkbox"/> Baptism Verified | <input type="checkbox"/> Entered in Communion Register |
| <input type="checkbox"/> Entered in DDMS | <input type="checkbox"/> 1 st Reconciliation |
| <input type="checkbox"/> 1 st Communion Certificate | <input type="checkbox"/> Payment Rec'd |