



# St. Patrick's Church

107 Orkney St. E, Caledonia, ON N3W 1C4  
Phone: (905) 765-2729 - Fax: (289) 757-3356  
E-mail: [stpatschurch@rogers.com](mailto:stpatschurch@rogers.com) - Website:  
[www.stpatrickscaledonia.com](http://www.stpatrickscaledonia.com)

## First Communion-2021/2022

October 8, 2021

Dear Parents and Guardians,

This year for the First Holy Communion, we are not able to set a definite date at this time due to the Covid-19 Pandemic. Most likely, it will be after Easter 2022-April/May. We will most likely give you the information during the enrollment ceremony. There will be an Enrollment Ceremony for all children making their First Holy Communion hopefully sometime in the new year. First Reconciliation will hopefully be sometime after the Enrollment Ceremony. Please return the completed form to the child's teacher by Friday December 10<sup>th</sup>.

Due to the present situation with Covid-19, I will be speaking to the classes virtually regarding First Holy Communion.

I look forward to being a part of your Child's spiritual journey. Blessings to you and your children, I will keep you in my prayers. Stay Safe

God Bless

Fr. Jerome Mascarenhas



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## FIRST COMMUNION AND FIRST RECONCILIATION 2020-2021 APPLICATION FORM

Return this completed form **to the School** as soon as possible. We must receive it **by December 10**, so that we can properly prepare for First Holy Communion and First Reconciliation.

Enter in Register

### **OFFICE USE ONLY**

APPLICATION Rec'd \_\_\_\_\_

Baptism Certificate \_\_\_\_\_

Enter in Register \_\_\_\_\_

**CANDIDATE'S FULL NAME:** \_\_\_\_\_  
(as on Baptism Certificate ) family name first name middle name

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
city / province

ADDRESS: \_\_\_\_\_ APT./UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: • as above OR

ADDRESS: \_\_\_\_\_ APT./UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_

(including family name at birth): \_\_\_\_\_ RELIGION: \_\_\_\_\_

ADDRESS: • as above OR

ADDRESS: \_\_\_\_\_ APT./UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## **CANDIDATE'S BAPTISM INFORMATION**

DATE OF BAPTISM: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### **CHURCH OF BAPTISM**

Name of the Church: \_\_\_\_\_

Address of the Church: \_\_\_\_\_

Unless the baptism was here at St. Patrick's Parish, please include a photocopy of your child's Baptism Certificate. If the certificate is printed in a language other than English, please provide a translation of the content of the Baptismal Certificate.

**BAPTISM CERTIFICATE:** \_\_\_ is from St. Patrick's Parish \_\_\_ is enclosed

If your child was baptized in a **church other than a Roman Catholic Church** or if your child has not been baptized, please contact St. Patrick's Parish for more information before completing this application.

## **PARENTS' COMMITMENT**

**When we presented our child for Baptism, we accepted the responsibility of training him/her in the practice of the faith. We agreed to bring him/her up to keep God's commandments as Christ taught us, by loving God and our neighbour. We promised to see that the divine life which God gave our child was kept safe from the poison of sin, to grow always stronger in his/her heart. As the first teachers of our child in the ways of faith, we have tried to be the best of teachers, bearing witness to Christ Jesus our Lord in what we say and do.**

**Now that our child has reached the age of reason, we present him/her for First Reconciliation and First Communion. We agree to participate fully in the preparation program as outlined at the First Communion Information meeting. We also commit to celebrating the Eucharist with our child regularly with our parish community.**

**FATHER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MOTHER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

We understand that the information provided on this form is for the use of St. Patrick's Parish in providing pastoral care and will not be shared with any other organization.

**Return this completed form to the school as soon as possible.**