

## St. Patrick's Church

107 Orkney St. E, Caledonia, ON N3W 1C4 Phone: (905) 765-2729 - Fax: (289) 757-3356 E-mail: <a href="mailto:stpatschurch@rogers.com">stpatschurch@rogers.com</a> - Website: www.stpatrickscaledonia.com

First Communion-2023/2024

**September 14, 2023** 

## **Dear Parents and Guardians,**

This year First Holy Communion will be after Easter 2024. There will be an Enrollment Ceremony for all children making their First Holy Communion. St. Patrick's School will be December 3 at 10:30 am Mass and Notre Dame School will be December 10 at 10:30 am Mass. Please return the completed form to the child's teacher by Friday November 24<sup>th</sup> 2023.

First Reconciliation will be scheduled during spring time. It will be done after school hours. We will communicate the dates in the new year.

First Communion for St. Patrick's will be on Saturday April 6 at 11:00 am and for Notre Dame on Sunday April 7 at 1:00 pm.

I invite all parents to bring your child, enrolled in the programme, to church for weekend masses-Saturday at 5:00 pm, Sunday at 8:30 am and 10:30 am. Cards will be handed out for your child to have signed when they attend mass. The top 3 children who have the highest attendance will receive a prize. 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.

**God Bless** 

Fr. Jerome Mascarenhas



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Enter in Register				
OFFICE USE ONLY				
APPLICATION Rec"d				
Baptism Certificate				
Enter in Register				

## FIRST COMMUNION AND FIRST RECONCILIATION 2023-2024 APPLICATION FORM

Return this completed form <u>to the School</u> as soon as possible. We must receive it <u>by November 24</u>, so that we can properly prepare for First Holy Communion and First Reconciliation.

CANDIDATE'S CHILL NAME.					
<b>CANDIDATE'S</b> FULL NAME: (as on Baptism Certificate) fir			last name		
PLACE OF BIRTH:city / province		TH: Month:	Day:	Year:_	
ADDRESS:		APT./UNIT #:			
CITY:	POSTAL CODE:_	PHON	IE #:		
SCHOOL:	TEACHER:_		GRADE:		
FATHER'S FULL NAME:		RELIGION:			
ADDRESS: • as above OR					
ADDRESS:		APT./UNIT	- #:		
CITY:	POSTAL CODE:	PHONE #	t:		
MOTHER'S FULL NAME:					
(including <b>family name</b> at birth):					
ADDRESS: • as above OR					
ADDRESS:		APT./UNIT:	<b>#</b> •		

CITY:	POSTAL CODE:	PHONE #:		
CANDIDATE'S BAPTISM IN	FORMATION .			
DATE OF BAPTISM <u>:</u>	Month:	Day:	_ Year:	
CHURCH OF BAPTISM				
Name of the Church:				
Address of the Church:				
Unless the baptism was here at St. certificate is printed in a language of Certificate.	· •			
BAPTISM CERTIFICATE: is from S	St. Patrick's Parish is er	closed		
If your child was baptized in <b>a chur</b> contact St. Patrick's Parish for more				been baptized, please
PARENTS' COMMITMENT				
When we presented our chi training him/her in the pract God's commandments as C promised to see that the divided sin, to grow always stronge faith, we have tried to be the what we say and do.	tice of the faith. We ag hrist taught us, by low vine life which God ga er in his/her heart. As t	reed to bring ing God and over our child when the first teaches	him/her up to our neighbour, as kept safe fr ers of our child	. We com the poison of d in the ways of
Now that our child has reac and First Communion. We a the First Communion Inforn our child regularly with our	igree to participate ful nation meeting. We als	ly in the prepa	aration progra	m as outlined at
Email:				
FATHER'S SIGNATURE:		DAT	E:	
MOTHER'S SIGNATURE:				
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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.