

Sacramental Preparation Program for
First Holy Communion & First Reconciliation
St. Mary's Roman Catholic Church
School Year 2026-2027

Dear Parents of Grade 2/3 (up to grade 6) Students,

We wish everyone a safe and wonderful school year.

The Sacramental Preparation Program for First Communion will be starting this October. If you want your child to receive the Sacraments of First Reconciliation and First Holy Communion this school year, you must register your child to the Catechism Program.

Attached is the registration form. Please fill-in the form and attach a copy of your child's **Baptismal Certificate**. There will be a **Registration Fee of \$50** in cash or cheque (payable to St. Mary's Parish). Bring all these requirements **to St. Mary's Parish Office**.

The classes will be **in-person** which will be done in the church.

There will be a **Parents' Orientation** regarding details of the program on **October 17 (Saturday) from 10:00AM to 11:30 in the Church Main Hall**.

ATTENDANCE IS A MUST.

If you have any questions, please call the parish office at (705) 445 1790 or send an email to stmarysco@archtoronto.org

Yours in Christ,

Father Paolos Beraki
Administrator, St. Mary's Parish

St Mary's Parish
63 Elgin St
Collingwood, ON L9Y 3L6

Stmarysco@archtoronto.org
Tel: 705-445-1790

RECONCILIATION & FIRST COMMUNION REGISTRATION FORM 2026-2027

REGISTRATION REQUIREMENTS:

- o Child must have been **baptized in the Roman Catholic faith** (attach a copy of baptismal certificate)
- o Child must be entering **Grade 2 or higher**
- o Child/family must be **attending St. Mary's Church** on a regular basis
- o Registration fee of **\$50.00** (cash or cheque payable to St. Mary's Parish)

PART I: CHILD INFORMATION

Please **PRINT CLEARLY** the requested information and staple a photocopy of your child's baptismal certificate.

Child's Name: _____
(same with baptismal certificate) First Name Middle Names Last Name

Gender (Encircle): **Boy** **Girl** Height: _____

Date of Birth: ____/____/____ School _____ Grade: _____
Day / Month / Year

Father's Name (as stated in baptismal certificate): _____

Mother's Name (as stated in baptismal certificate): _____

Mailing Address: _____
Apt Number / Street Number / Street Name/ City / Postal Code

Phone #: _____ Cellphone: _____

Parent's Email Address: _____

Candidate's Date of Baptism: _____

Church of Baptism and Address: _____

(Street, City, Postal Code and Country (if not in Canada))

Please specify **any special needs** so that we may adequately tailor the program to your child.
Also advise if your child have some allergies:

PART II: PARISH INFORMATION

We encourage that children and their family who will enroll in the program for the Sacraments of Reconciliation & First Communion will attend the Mass on a regular basis. This is an important part of Catholic faith commitment and is critical in preparing your child for the Sacraments. Information regarding mass schedules can be found at St Mary's website

Families that are part of another parish community are encouraged to receive the Sacrament at that other parish. Please fill in the appropriate section, A, B or C, by first placing a check mark.

A. () My family belongs to St. Mary's Church and attending mass on a regular basis prior to lockdown due to Covid-19.

B. () My family belongs to another parish.

Name of Church: _____ Name of Priest: _____

C. () My family does not belong to any Catholic parish, but we will be registering at St. Mary's Church. (Please call the Parish Office to register)

PART III: UNDERSTANDING THE CHURCH REQUIREMENTS

Please read and sign below to indicate that all the above information is true and that you understand the requirements of the program

By registering your child for the Sacrament of Reconciliation & First Communion, you affirm their commitment to the Catholic faith and understand that:

- Classes will be in-person at the church. **Attendance is a must.**
- Your child must be participating in class discussions and learn prayers and bible stories assigned per class session.
- First Communion candidates and families must be attending Mass on a regular basis.
- Your child must **pass a test of basic Catholic knowledge** at the end of the program.
- **If your child has special needs, please let us know; we are happy to work with them at their individual learning level.**

Students who are unable to meet these requirements, without prior accommodation, will be considered unprepared and **WILL NOT** be allowed to receive the Sacrament this year.

I confirm that the following documents are submitted:

- ☐ Copy of Baptismal Certificate
- ☐ Fee \$50.00 _____ Cash _____ Cheque No./Bank
- ☐ Copy of Parent's Baptismal Certificate **if child is not baptized**
- ☐ Copy child's birth certificate **if not yet baptized**

Parent's Signature/Initials

Date

Received By