

Tel: (416) 636 0213

Fax: (416) 636 9431

St. Norbert Church
100 Regent Rd
Toronto, Ontario
M3K 1H1
Email: office@stnorbertschurch.org

First Communion 2020-2021

Dear Parents,

Due to the ongoing Covid pandemic, many changes to our First Communion program have had to be made to ensure safety for your children as they prepare for their sacrament of Reconciliation and First Holy Communion.

This year, because of the social distance and mask wearing, the preparation classes of Reconciliation and First Holy Communion will be done online. A workbook with a series of videos along with prayers and worksheets have been set up in order for your child to login and attend a virtual class. Class and sacrament dates to be advised.

Therefore, please complete the registration form located on line at stnorbertschurch.org. Attaching a copy of your child's baptismal certificate along with the registration fee of \$75.00.

The completed registration form must be returned to ST NORBERT'S CHURCH OFFICE between January 11- 15, 2021, as classes are scheduled to commence by Saturday January 23rd, 2021. A complete schedule of classes and event dates will be announced by mid January 2021.

In God embrace,

Fr. Gigi Philip.
St. Norbert's Pastor.

Fiorella Bruno-Di Feo & Cynthia Livera
Catechists

Pd & received _____

Baptismal Certificate _____

2020-2021

FIRST HOLY COMMUNION REGISTRATION FORM

St Norbert's Roman Catholic Church
100 Regent Rd, Toronto, M3K 1H1
Email: office@stnorbertschurch.org
Tel: (416) 636 0213 Fax: (416) 636 9431

ALLERGIES/SPECIAL NEEDS/EPI PEN

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**Registration Requirement**

- \*child must have Sacrament of Baptism (copy of certificate needed)
- \*child with family must be registered and attend mass on a regular basis.
- \*child & family attending another parish requires a signed permission letter from pastor.
- \*child must be in grade 2 or higher.
- \*\$75 registration fee (includes workbook & supplies)

**PLEASE CLEARLY PRINT IN BLOCK LETTERS**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(last name) (first and middle name)

Child's date of birth: \_\_\_\_\_ Male or Female  
Day Month Year

Fathers Name: \_\_\_\_\_ Tel# \_\_\_\_\_  
(last name) (first name)

Mothers Name: \_\_\_\_\_ Tel# \_\_\_\_\_  
(last name) (first name)

Mailing Address: \_\_\_\_\_  
(Street#, Apt#, City, Postal code)

Family Email address: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
(dd/mm/yy)

Church Address: \_\_\_\_\_  
(street, city, country and telephone number)

Child's School Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_