

Pd & received _____

Baptismal Certificate _____

2021-2022

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

Teacher: Fiorella Bruno-Di Feo.

Email: fiorellastnorbertschurch@gmail.com

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 must be in grade 2 or higher.

\*\$75 registration fee (includes workbook & supplies)

**PLEASE CLEARLY PRINT IN BLOCK LETTERS**

**ATTENDING PARISH:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

(As on Baptismal Certificate) (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:** \_\_\_\_\_ **VIRTUAL or IN CLASS**

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