



**THE FRANCISCAN CHURCH**  
*of St. Bonaventure*  
 1300 Leslie Street, Don Mills, ON M3C 2K9  
 416-447-5571

**REGISTRATION TO PREPARE FOR  
 RECONCILIATION & EUCHARIST  
 Winter and Spring 2021**

**1. CHILD TO PREPARE FOR RECONCILIATION (CONFESSION) AND EUCHARIST (HOLY COMMUNION)**

|                            |        |      |                                 |       |
|----------------------------|--------|------|---------------------------------|-------|
| CHILD'S FULL NAME<br>FIRST | MIDDLE | LAST | <input type="checkbox"/> MALE   | AGE   |
|                            |        |      | <input type="checkbox"/> FEMALE |       |
| SCHOOL                     |        |      | DATE OF BIRTH (DD/MM/YY)        | GRADE |

**2. BAPTISM IN THE ROMAN CATHOLIC CHURCH**

MY/OUR CHILD WAS BAPTIZED IN THE ROMAN CATHOLIC CHURCH: YES  NO   
 (MUST PROVIDE A COPY OF CHILD'S BAPTISMAL CERTIFICATE. IF CHILD WAS RECEIVED INTO THE ROMAN CATHOLIC CHURCH THROUGH PROFESSION OF FAITH, THEN A COPY OF THE ACT OF RECEPTION MUST BE PROVIDED, AS WELL AS BAPTISMAL CERTIFICATE)

DATE OF BAPTISM DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

|                           |                       |             |
|---------------------------|-----------------------|-------------|
| NAME OF CHURCH            |                       | FAX         |
| NUMBER AND STREET ADDRESS |                       |             |
| CITY                      | PROVINCE OR TERRITORY | POSTAL CODE |

**3. PARISH MEMBERSHIP**

WE CURRENTLY LIVE WITHIN THE BOUNDARIES OF ST. BONAVENTURE CHURCH.  
 IF FORMALLY REGISTERED: OUR FAMILY'S MEMBER NUMBER IS \_\_\_\_\_.  
 WE ENCOURAGE ALL ROMAN CATHOLIC HOUSEHOLDS LIVING WITHIN THE BOUNDARIES OF ST. BONAVENTURE CHURCH TO FORMALLY REGISTER IF YOU ARE NOT REGISTERED AT ANOTHER PARISH)

**OR**

WE DO NOT LIVE WITHIN THE BOUNDARIES OF ST. BONAVENTURE CHURCH, BUT WE HAVE BEEN REGISTERED PARISHIONERS FOR AT LEAST THE PAST 6 MONTHS. OUR REGISTRATION NUMBER IS \_\_\_\_\_.

**4. PARENTS' INFORMATION**

|  |             |                                      |
|--|-------------|--------------------------------------|
| FATHER: FIRST NAME   | MIDDLE NAME | LAST NAME                            |
| FATHER'S RELIGION: <input type="checkbox"/> ROMAN CATHOLIC |             | OTHER: <input type="checkbox"/> NONE |

|  |             |                                      |
|--|-------------|--------------------------------------|
| MOTHER: FIRST NAME   | MIDDLE NAME | LAST NAME                            |
|  |             | MAIDEN NAME                          |
| MOTHER'S RELIGION: <input type="checkbox"/> ROMAN CATHOLIC |             | OTHER: <input type="checkbox"/> NONE |

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## 5. CONTACT INFORMATION

|                         |                         |
|-------------------------|-------------------------|
| APT/SUITE/UNIT#:        | STREET NUMBER AND NAME: |
| CITY:                   | POSTAL CODE:            |
| PRIMARY CONTACT E-MAIL: |                         |
| PRIMARY PHONE NUMBER:   |                         |

## 6. VIRTUAL MEETING INFORMATION

While the session materials will be shared at home between you and your child, there may be need for a virtual, online meeting between a catechist and you and your child. Please select the date and time of day you and your child will most likely be available for an online meeting. (If possible, choose more than one.)

- Monday Evening (7 p.m.)     Tuesday Evening (7 p.m.)     Wednesday Evening (7 p.m.)
- Saturday Afternoon (1 p.m.)

## 7. SPECIAL NEEDS

- MY CHILD HAS A LEARNING CHALLENGE.*
- Nos gustaria recibir los libros para los padres escritos en Español, si es posible.*

## 8. REGISTRATION FEE

We are waiving the registration fee for this season. If you care to make a donation to the parish, we will gratefully receive your act of generosity. You can either make a cheque out to St. Bonaventure Church or access "Donate Now" on our website.

## 9. COMMITMENT TO THE PROCESS

I/We understand my/our child's readiness for celebrating the Sacraments requires a commitment to participate in the preparation process, which will primarily be sharing the parent-child sessions at home during the pandemic. I/we understand that dates for the celebration of the Sacraments will only be set once it is safe to gather and may change at a moment's notice due to the nature of the pandemic. There may be a significant delay between completion of the sessions and the celebrations of the Sacraments.

\_\_\_\_\_  
SIGNATURES OF THE PARENT/S OR GUARDIAN/S

\_\_\_\_\_  
SIGNATURES OF THE PARENT/S OR GUARDIAN/S

\_\_\_\_\_  
DATE

## 10 TO REGISTER YOUR CHILD

Save this form once you have completed it and forward it as an attachment no later than February 24, 2021 To: [sacraments@st-bonaventure.ca](mailto:sacraments@st-bonaventure.ca) with "First Communion" and your child's name in the subject field of your e-mail.