



Saint Anthony Daniel Catholic Community  
 29 Midland Drive ~ Kitchener, Ontario ~ N2A 2A9

**FIRST HOLY COMMUNION 2018**  
 (Please Fill Out Entire Form Clearly)

<b>Child's Full Name:</b>			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Child's School:</b>			
	<i>School Name</i>	<i>Current Grade Level</i>	
<b>Place of Birth:</b>			
	<i>City</i>	<i>Province/State</i>	<i>Country</i>
<b>Date of Birth:</b>			<b>Date of Baptism:</b>
	<i>Day / Month / Year</i>		<i>Day / Month / Year</i>
<b>Child's Church of Baptism:</b> (Include Full Parish Name and Complete Address)			

**Please attach a photocopy of the Candidate's Baptism Certificate to this form (unless they were baptized at St. Anthony Daniel) before submitting registration package**

- ◆ If the certificate is printed in a language other than English, please provide a translation its content.
- ◆ If the Candidate was baptized in a church other than a Roman Catholic Church or **if they have not been baptized**, please contact Sarah at St. Anthony Daniel Parish for more information before completing this form: sarah@stanthonydaniel.ca or 519-893-6960.

A copy of the Child's Baptism certificate is attached:( ) or The Candidate was baptized at St. Anthony Daniel ( )

<b>Father's Full Name:</b>			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Father's Address:</b>			
<b>Father's Email :</b>	<b>Father's Phone #:</b>		
<b>Mother's Full (MAIDEN) Name:</b>			
	<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>
<b>Mother's Address (if different from above):</b>			
<b>Mother's Email :</b>	<b>Mother's Phone #:</b>		
<b>Preferred email for parish to contact you:</b>			

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

Please return to St. Anthony Daniel Parish

## FIRST HOLY COMMUNION 2018

Please select your first (1) and second (2) choices for your child's First Holy Communion:

### Weekend # 1 - April 7th/8th

Saturday, April 7th 5:00 p.m. Mass \_\_\_\_\_

Sunday, April 8th 8:30 a.m. Mass \_\_\_\_\_

Sunday, April 8th 10:30 a.m. Mass \_\_\_\_\_

\* If you chose Weekend #1, your child's retreat will be Saturday, April 7th from 10:00 a.m. - 12 noon \*

### Weekend # 2 - April 14th/15th

Saturday, April 14th 5:00 p.m. Mass \_\_\_\_\_

Sunday, April 15th 8:30 a.m. Mass \_\_\_\_\_

Sunday, April 15th 10:30 a.m. Mass \_\_\_\_\_

\* If you chose Weekend #2, your child's retreat will be Saturday, April 14th from 10:00 a.m. - 12 noon \*

### Weekend # 3 - April 21st/22nd

Saturday, April 21st 5:00 p.m. Mass \_\_\_\_\_

Sunday, April 22nd 8:30 a.m. Mass \_\_\_\_\_

Sunday, April 22nd 10:30 a.m. Mass \_\_\_\_\_

\* If you chose Weekend #3, your child's retreat will be Saturday, April 21st from 10:00 a.m. - 12 noon \*

### Weekend # 4 - April 28th/29th

Saturday, April 28th 5:00 p.m. Mass \_\_\_\_\_

Sunday, April 29th 8:30 a.m. Mass \_\_\_\_\_

Sunday, April 29th 10:30 a.m. Mass \_\_\_\_\_

\* If you chose Weekend #4, your child's retreat will be Saturday, April 28th from 10:00 a.m. - 12 noon \*

### Weekend # 5 - May 26th/27th

Saturday, May 26th 5:00 p.m. Mass \_\_\_\_\_

Sunday, May 27th 8:30 a.m. Mass \_\_\_\_\_

Sunday, May 27th 10:30 a.m. Mass \_\_\_\_\_

\* If you chose Weekend #5, your child's retreat will be Saturday, May 26th from 10:00 a.m. - 12 noon \*

We have limited the number of children to 15 per Mass.  
If more than 15 children have signed up for a particular Mass,  
names will be randomly selected to fill the 15 spots.  
You will be contacted only if you are given your second choice.  
Please make note of your first and second choice.



Saint Anthony Daniel Catholic Community

## **FIRST COMMUNION 2018**

### Registering at St. Anthony Daniel Parish

Whether you are new to our parish, or have been a longtime member, please fill out the registration form **on the following page.**

#### **Parish Participation:**

We attend Mass at St. Anthony Daniel Parish    Weekly \_\_\_\_\_  
   Monthly \_\_\_\_\_  
   Christmas and Easter \_\_\_\_\_

**OR**

If you belong to another parish, please indicate here:

We Attend Mass at:

Parish Name: \_\_\_\_\_

City: \_\_\_\_\_

Weekly \_\_\_\_\_

Monthly \_\_\_\_\_

Christmas and Easter \_\_\_\_\_

## FIRST RECONCILIATION & FIRST COMMUNION 2018

### Important Dates

September 20th 7:00 p.m. -8:30 p.m.	<b>PARENT INFORMATION MEETING #1</b>	Registration Forms Due Registration Fee Collected (\$25) Books and Resources handed out. Reviewing First Reconciliation.
October 14th/15th or October 28th/29th All Masses	<b>FIRST SACRAMENTS ENROLMENT MASS</b>	<u>Children and their families</u> are invited to attend any weekend Mass October 14th/15th or October 28th/29th. Confirmation Candidates will also be enrolled.
November 5th & November 15th	<b>FIRST RECONCILIATION OPTION #1</b>	November 5th Retreat 10:00 a.m. November 15th Celebration 6:30 p.m.
November 12th & November 16th	<b>FIRST RECONCILIATION OPTION #2</b>	November 12th Retreat 10:00 a.m. November 16th Celebration 6:30 p.m.
February 28th 7:00 p.m. - 8:30 p.m.	<b>PARENT INFORMATION MEETING #2</b>	Books and Resources handed out. Reviewing First Communion Family Greeters will be invited to sign up.
April 7th/8th April 14th/15th April 21st/22nd April 28th/29th May 26th/27th	<b>FIRST COMMUNION RETREATS &amp; CELEBRATIONS</b>	Retreats begin at 10:00 a.m. on the Saturday of your child's First Communion Weekend.  Please arrive 15 minutes prior to the Mass chosen for your child's First Communion.
June 3rd 10:30 a.m. Mass	<b>PROCESSION FOR THE SOLEMNITY OF THE BODY AND BLOOD OF CHRIST</b>	All children who celebrated their First Holy Communion in our Parish are invited to wear their First Communion attire and to join the procession at the end of this special Mass.

St. Anthony Daniel Catholic Parish  
Registration Form

Please help us to update our records by completing the following form (PLEASE PRINT CLEARLY):

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number Residence: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Names of all family members living at this address (include last name if different from above). Please indicate year of birth of children:

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Registered yourself or your family within last year

\_\_\_\_\_ Registered yourself or your family for more than one year

\_\_\_\_\_ Have never registered yourself or your family in the parish

Contribution Envelopes:

\_\_\_\_\_ Currently receive envelopes \_\_\_\_\_ Wish to receive envelopes \_\_\_\_\_ Do not wish to use envelopes

\_\_\_\_\_ Currently on the pre-authorized system \_\_\_\_\_ Wish to be on pre-authorized system

Name to be printed on tax receipts: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

If you wish to have your home blessed, please call the Parish Office at 519-893-6960.

Parish Mission Statement

*St. Anthony Daniel Parish is a welcoming faith community,  
nourished by prayer, Word and sacrament,  
committed to living out the Gospel message  
of love and service to all God's people.*