



Precious Blood Roman Catholic Church

1737 Lawrence Ave. East
Scarborough, Ontario
M1R 2X7
416-751-2661

FIRST RECONCILIATION AND FIRST COMMUNION

To The Pastor, Precious Blood Parish, Toronto

- I desire and agree to have my son/daughter (*Child's Name*)

.....who is attending Grade
 at (*name of the school*) School to receive
 the Sacrament of First Reconciliation and First Communion at Precious Blood Church in the school
 year 2024-2025.

- At present we are registered and attend at (*write the name of your parish*)

.....

- My child was baptized at Precious Blood Parish

My child was baptized at (*Name of Parish*)

Full Address of Baptism Parish

.....

A copy of the Baptism Certificate of my child is attached

Parent's Name Mother

Religion

Father

Religion

Address:

City Postal Code Tel. #

Email:

Enrollment fee of \$75 – cash (exact change) or cheque payable to Precious Blood Parish to be
 submitted with this form. No electronic payment accepted.

.....
 Signature (Parent/Guardian)