



ST. TIMOTHY CATHOLIC CHURCH

21 Leith Hill Road

Toronto, ON M2J 1Y9

Tel: (416) 494 6526

<https://sttimothy.archtoronto.org> Email: sttimothyto@archtoronto.org

Year 2021 FIRST HOLY COMMUNION Registration Forms for Public & Private Schools

Before completing the attached registration, please ensure that:

- Your child is baptized in the CATHOLIC faith
- You have attached a PHOTOCOPY of your child's baptism certificate *even if your child was baptized at St. Timothy Catholic Church*

If you have any concerns about the above requirements, please contact Chris Elliott, Youth Minister, at Tel # 416 494 6526 ext. 302 or via email at celliot@archtoronto.org as soon as possible.

The fee for First Communion may be made in cash or cheque, payable to St. Timothy Catholic Church):

- Public & Private School Board Students: \$50.00

Please complete the attached registration forms and email directly to christopher@sttim.ca

Important Notice for Children Baptized in an Eastern Rite Catholic Church

Please check your child's baptismal certificate to verify if your child has already received first communion at baptism. If so, we are willing to have them participate with their classmates who are receiving for the first time, provided you complete and submit the registration form along with a copy of his/her baptismal certificate.

Examples of churches administrating confirmation at baptism:

- Chaldean Catholic
- Greek Catholic
- Ukrainian Catholic
- Armenian Church
- Syrian Church
- Maronite Church
- Melkite Church



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Photocopy of Baptismal Certificate \$50.00 Cash/Cheque

(Payable to *St. Timothy Catholic Church*)

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NAME OF SCHOOL

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CHILD'S FIRST NAME*

CHILD'S MIDDLE NAME*

CHILD'S LAST NAME*

*PLEASE PROVIDE FULL NAME AS IT APPEARS ON BAPTISM CERTIFICATE

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DATE OF BIRTH (DD/MM/YYYY)

DATE OF BAPTISM (DD/MM/YYYY)

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CHURCH OF BAPTISM

CITY/COUNTRY

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FATHER'S FIRST & LAST NAME

MOTHER'S FIRST & MAIDEN NAME

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HOME ADDRESS

CITY

POSTAL CODE

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HOME/CELL PHONE NUMBER

EMAIL ADDRESS

Declaration of Intent and Acknowledgement of Commitment

It is my/our intention that my/our child receives the Sacraments of First Reconciliation and First Holy Communion in the community of St. Timothy's Church. I/We acknowledge our responsibility to journey with him/her at home and commit to support him/her in the best way during and after this preparation. As parent(s)/guardian(s) I/we recognize that the best way of accomplishing this obligation is by faithful attendance at Sunday Eucharist.

SIGNATURE OF CANDIDATE

DATE

SIGNATURE OF PARENT/GUARDIAN