**A picture containing diagram

Description automatically generated*OUR LADY OF GRACE CHURCH***

27 Centre St. Angus, ON L0M 1B0

Phone: (705) 424-1551

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**2026 First Holy Communion Preparation**

Congratulations on starting your journey to receiving the Sacraments of

First Reconciliation and First Holy Communion. We are so happy to share this special time with you!

**Mandatory Parent Meeting, followed by registration will take place on:**

**Thursday, October 2nd @ 7:00pm OR Saturday, October 4th @ 10:00am**

**\*\***The Mandatory Parent Meeting is for parents only, so please make prior

arrangements for your children and be on time.

Please bring the following to the meeting:

* Completed Registration Form
* Photocopy of Baptismal Certificate of the Candidate
* $50 to cover program resources

\*\*Please note that incomplete Registration Forms cannot be accepted. Classes will begin in October, so registration will close on October 16th.



**Our Lady of Grace Church   
 *Roman Catholic Church***

***2026 FIRST COMMUNION AND RECONCILIATION***

***REGISTRATION FORM***

**If your child is currently 7 years old, turning 7 this year, or older, we welcome you to our 2026 Preparation Program for First Holy Communion and First Reconciliation.**

**PLEASE SELECT A DATE FOR FIRST HOLY COMMUNION:** (Dates are first come first served)

**Saturday, April 18, 2026 @ 5:00 pm ¨ Saturday, May 2, 2026 @ 5:00 pm ¨**

**Sunday, April 19, 2026 @ 10:00 am ¨ Sunday, May 3, 2026 @ 10:00 am ¨**

**Sunday, April 19, 2026 @ 12:00 pm ¨ Sunday, May 3, 2026 @ 12:00 pm ¨**

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| --- | --- | --- | --- | --- | --- |
| **CANDIDATE INFORMATION** | | | | | |
| **Name of Candidate** | | **Date of Birth** | | | **Age (as of Sept 2026)** |
| **Address** | | **Phone** | | | **Email Address** |
| **Name of Candidate’s Father** | | | **Name of Mother (Use Maiden Name)** | | |
| **BAPTISM INFORMATION** | | | | | |
| Before receiving any Sacrament in the Catholic Church, including the Sacraments of Reconciliation and Holy Eucharist, candidates must first be baptized in the faith of the Catholic Church. Please attach a copy of the Candidates Baptismal Certificate to this form. You must request this documentation ONLY from the Church/Parish where the Candidate was baptized. | | | | | |
| **Church of Baptism** | **City and Country of Baptism** | | | **Date of Baptism** | |

**Consent and Statement of Intention by Parent(s) or Guardian(s)**

|  |
| --- |
| I, the parent of the above-listed child, agree to actively participate in the program for First Reconciliation and First Holy Communion at Our Lady of Grace parish. I understand that attendance at Sunday Mass is the best way I can help my child prepare for the Sacraments.  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |