

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 	ee to have my son/daughter (Child's Name)	
(name of the sc	hool)		who is attending Grade at School to receive the Blood Church in the school year
·	re registered and attend at (v	•	parish)
·	aptized at Precious Blood Paris		
·			
	A copy of the Baptism Certif	ficate of my child is at	tached
Parent's Name	Mother		Religion
	Father		Religion
Address:			
City	Postal Code	Tel. #	
Email:			
Suggested donation	ns of \$50 (books, materials etc)	
			Signature (Parent/Guardian)