HOLY SPIRIT ROMAN CATHOLIC CHURCH
650 ESSA ROAD, BARRIE, ONTARIO L4N 9E6

September 1, 2026,

Dear Parents,

Greetings from Holy Spirit Catholic Church.

Congratulations! Your child is beginning the Journey in which he/she joins your family and God's family at the Lord's Table for the first time.

When children are baptized in the Catholic Church, parents take on the responsibility of raising them in the practice of the faith by keeping God's commandments as Christ taught us, by loving God and our neighbour. This is an important year of preparation for your family as your child prepares to receive both the **Sacrament of Reconciliation (First Confession) and the Sacrament of the Holy Eucharist (First Holy Communion).** The best preparation for Reconciliation and First Holy Communion that you can give your child is **REGULAR ATTENDANCE AT MASS.**

Registration will take place on **Sunday, October 18 and Sunday, October 25 after the 10:00 am Mass**. Please include a copy of **your child's baptismal certificate** as this is absolutely necessary for registration as well as $100.00 registration fee to cover materials and administrative costs. Registration will not be accepted without all three components, the deadline to register is **November 30, 2026,** registrations will not be accepted after this date.

If your child is in Grade 3 and did not receive the Sacrament while in Grade 2, you may complete a registration form for this year.

If your child attends private or public school, they **must** attend Catechism classes. Children attending catholic schools are **strongly encouraged** to attend the Catechism classes. **Classes will begin on Sunday January 10, 2027.** Additional information will be provided at a later date.

The **Sacrament of First Reconciliation (Confession)** will take place on **Wednesday, April 7, 2027, at 7:00pm.** The **Sacrament of First Holy Communion** will take place on **May 22, 2027, and May 29, 2027, at 2:30pm**. Your child's sacrament date will be scheduled based on the school in which they attend. If you are unable to attend the scheduled date, you are welcome to request the alternate date, this must be coordinated with the Parish Office.

As your Pastor, I cannot emphasize enough the importance of these occasions both for the children and for our parish family as they take another step toward their full initiation as members of the Church.

Let us assist our young people with our prayers as they prepare to receive our Lord in the Sacrament of the Holy Eucharist. Wishing your family the richness of God's many blessings during this time of preparation, I am,

Yours in Christ,

Rev. Pawel Zborowski
Pastor

2026-27 First Holy Communion Registration Form

Please complete this form and return it to the parish.
Registrations will **NOT** be accepted after **November 30, 2026**

Registration Fee: $100
(PLEASE PRINT CLEARLY)

School Information

Name of School: _____ Grade: _____

Parish Information

Name of Parish: _____ City: _____

☐ I currently live within the territorial boundaries of the parish.

☐ I currently do not live within the territorial boundaries of the parish, but I am formally registered at the parish.

Child's Information ***attach a copy of your child's Baptismal Certificate to this form***

Full legal name of child: **(Please ensure the name below matches the one shown on the baptism certificate)**

_____
First Name Middle Name(s) Last Name

☐ Male
☐ Female

Date of Birth: (mm/dd/yyyy): _____

City of Birth: _____

Church of Baptism: _____

Date of Baptism: _____ (mm/dd/yyyy)

Address of Baptismal Church: _____

Baptismal Church Email: _____

Parent's Information

Mother (Full legal name & Maiden Name)

_____
First Name Middle Name(s) Last Name (Maiden Name)

Religion: ☐ Roman Catholic ☐ Other: _____ ☐ None

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of or have legal custody of the child.

Father (Full legal name)

_____
First Name Middle Name(s) Last Name

Religion: ☐ Roman Catholic ☐ Other: _____ ☐ None

Present Address: _____
Street City Postal Code

Phone: _____ Email: _____

☐ I am a parent of or have legal custody of the child.

Declaration

I, the undersigned, declare that the above information on this form is true and accurate. I authorize by my signature below, for my child to participate in classes if necessary.

Name (PLEASE PRINT) _____

Signature: _____ Date: _____