



**PAROISSE SAINT-THOMAS D'AQUIN**  
**SAINT THOMAS AQUINAS PARISH**  
413, Main Road, Hudson, QC J0P 1H0  
Tel: 450-458-5322 / Fax: 450-458-5912

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## **Sacrament Preparation Registration**

### **FIRST HOLY COMMUNION - 2025/2026**

*\* Children must have received their Sacrament of Reconciliation prior to beginning their preparation for First Communion and baptismal certificate must be provided.*

**NAME OF CHILD:** \_\_\_\_\_  
Last Name First Name

**NAME OF SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd / mm / year

**DATE OF BAPTISM:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd / mm / year

**CHURCH BAPTIZED AT:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
City Province/State

**FATHER'S NAME:** \_\_\_\_\_  
Last Name First Name

**MOTHER'S NAME:** \_\_\_\_\_  
Last Name (At Birth) First Name

**MAILING ADDRESS:** \_\_\_\_\_  
Civic No. Street Name Apartment #  
\_\_\_\_\_  
City Province Postal Code

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **ALTERNATIVE TELEPHONE #:** \_\_\_\_\_

\* Does your child suffer from any known food allergies: ☐ NO

☐ YES Please list foods: \_\_\_\_\_

Online registrations and payments can be sent to [info@paroissestthomas.com](mailto:info@paroissestthomas.com)

**REGISTRATION FEE: \$75.00**

\_\_\_ Online \_\_\_ Cash \_\_\_ Cheque # \_\_\_ (payable to Saint Thomas Aquinas Parish)