

# † St. Michael's Roman Catholic Church

379 Division Street, Cobourg, ON K9A 3R7  
905 372-6844 / Fax 905 372-3873  
office@stmichaelscobourg.ca  
www.saintmichaelschurchcobourg.com

*Sacramental Preparation*



September 2024

Dear Parents/Guardians:

I am writing to you as pastor of St Michael's Church to share good news for your child and family. With the support and engagement of you as parents, the Church and Catholic School Community, I look forward to assisting your child to prepare to receive the **Sacraments of Reconciliation and Eucharist (First Holy Communion)**.

All the Catholic parishes in the Diocese work closely with the school communities. The Catholic schools provide Religious and Family Life Education for your child and the parishes provide the **Sacramental Preparation Program** for your child. The Sacramental Preparation Program will be offered at the parishes.

There will be a **Parent & Child Information Night** to further explain the Sacramental Preparation Program and how you can continue to support your child's faith development. This Parent and child Information night will be **held in St. Michael's Parish Centre on Tuesday, October 1, 2024 at 6:00 to 7:00 pm.**

Your child will receive two books, *Signs of Grace-You Are Forgiven* and *Signs of Grace-You Are Loved*.


As Pastor, I am responsible in collaborating with the Bishop in following Canon Law and Diocesan Policies to ensure that all the requirements are completed in preparation for the celebration of these sacraments for your child. ***If your child has not been baptized yet, or is interested in becoming Catholic, please feel welcome to contact me at your earliest convenience.***

St. Michael's Parish is looking forward to supporting your child in prayer as they prepare to receive the sacraments and celebrating this time of God's grace with your child and your family. If you, or family member who is older than grade 2, are interested in receiving these sacraments, or in becoming Catholic, please contact the office.

I take this opportunity to assure you of my prayers and a very warm welcome at St. Michael's.

Yours in Christ,

  
Fr. Emmanuel Okpataku, SMMM, Pastor

  
Fr. MacAnthony Obikili, SMMM, Associate Pastor

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## Sacraments of First Reconciliation & First Holy Communion

2024 DATE	TIME	BOOK: YOU ARE FORGIVEN	WHERE
Tuesday, Oct. 1	6:00-7:00 pm	forms due and <b><u>PARENT INFORMATION NIGHT</u></b>	Parish Centre
Sunday, Oct. 6	Enrolment Mass 11:00 am		<b>Church</b>
Sunday, Oct. 20	Mass 11:00	Session 1, p.5 12:00-1:00 pm	Chapel
Sunday, Oct. 27	Mass 11:00	Session 2, p. 19 12:00-1:00 pm	Chapel
Sunday, Nov. 3	Mass 11:00	Session 3, p. 33 12:00-1:00 pm	Chapel
Sunday, Nov. 10	Mass 11:00	Session 4, p. 47 12:00-1:00 pm	Chapel
Sunday, Nov. 17	Mass 11:00	Session 5, p. 61 12:00-1:00 pm	Chapel
Sunday, Nov. 24	Mass 11:00	Session 6, p. 75 12:00 1:00 pm	Chapel
Sunday, Dec. 1	Mass 11:00.	Session 7, p. 89 12:00-1:00 pm	Chapel
<b><u>RECONCILIATION DAY!</u></b> Saturday, December 7, 11:00 am until finished			Chapel

2025 DATE	TIME	BOOK: YOU ARE LOVED	WHERE
Sunday, Jan. 19	Mass 11:00	Session 1, p. 5 12:00-1:00 pm	Chapel
Sunday, Jan. 26	Mass 11:00	Session 2, p. 19 12:00-1:00 pm	Chapel
Sunday, Feb. 2	Mass 11:00.	Session 3, p. 33 12:00-1:00 pm	Chapel
Sunday, Feb. 9	Mass 11:00	Session 4, p. 47 12:00-1:00 pm	Chapel
Sunday, Feb. 16	Mass 11:00	Session 5, p. 61 12:00-1:00 pm	Chapel
Sunday, Feb. 23	Mass 11:00	Session 6, p. 75 12:00-1:00 pm	Chapel
Sunday, Mar. 2	Mass 11:00	Session 7, p. 89 12:00-1:00 pm	Chapel
Sunday, Mar. 16.	Mass 11:00	Session 8, p. 103 12:00-1:00 pm	Chapel
Saturday, Mar. 22.	11:00 am	Retreat and Confession	<b>Church</b>
<b><u>FIRST HOLY COMMUNION DAY!</u></b> Sunday, March 23, 2025 11:00 am Mass			<b>Church</b>

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# Registration Form for First Reconciliation and First Holy Communion

Please return this form to the Parish Office by October 17, 2024.

Note this can be emailed or dropped off at the office (mail slot on office door).

**CANDIDATE's Full Name:** \_\_\_\_\_  
first name middle name(s) family name

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
city / province day/month/year

**Home Address:** \_\_\_\_\_  
Number Street Name City Postal Code

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**FATHER'S Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Address:**  as above OR  
\_\_\_\_\_  
Number Street Name City Postal Code Phone #

**MOTHER'S Full Name:** \_\_\_\_\_ **Religion:** \_\_\_\_\_  
(including family name at birth)

**Address:**  as above OR  
\_\_\_\_\_  
Number Street Name City Postal Code Phone #

**CANDIDATE'S BAPTISMAL INFORMATION:**

Date of Baptism: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Church of Baptism:  
Name of the Church: \_\_\_\_\_

Church Address: \_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY	
Application Received	
Baptismal Certificate	

Unless the Baptism was celebrated here at Saint Michael's, please include a photocopy of the candidate's Baptismal Certificate. If the certificate is printed in a language other than English, please provide a translation of the content of the Baptismal Certificate.

**Baptismal Certificate:**  is from Saint Michael's  is enclosed

If the candidate was baptized in a church other than a Roman Catholic Church or if the candidate has not been baptized, please contact us at the parish for more information before completing this application.



We understand that the information provided on this form is for the use of Saint Michael the Archangel Roman Catholic Parish in providing pastoral care and will not be shared with any other organization.