

**Most Precious Blood Parish**

445 White Horse Pike  
 West Collingswood, NJ 08107  
 Phone: 856-854-0364 Fax: 856-869-5129  
 Website: www.mpbparish.org

**Religious Education Program**

**REGISTRATION**  
**2021 - 2022**

**FAMILY SECTION**

Emergency Contact Name \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Are you registered with *Most Precious Blood Parish*?**

☐ YES, Name of head of household \_\_\_\_\_ Envelop No. \_\_\_\_\_

☐ NO, please fill out "the Parish Registration Form"

**REQUIREMENT**

- A student must be 5 years old before October 15<sup>th</sup>.
- A minimal criteria to the next level, a student must:
  1. Meet 60% or above on the final assessment
  2. Had no more than 3 absent days during the year.
- If a student skips 2020-2021 school year, grade level will continue from the year of 2019-2020.
- To receive the Sacrament of Eucharist and Reconciliation, a student must study in 2-years program (grade 1 & grade 2 of Sunday school.)
- To receive the Sacrament of Confirmation, a student must study for 2-years program (grade 7 & grade 8 of Sunday school), and more details in Confirmation package.

**STUDENT SECTION**

| Order   | Name        | Date of Birth | Place of Birth | Received Baptism at                   | Received Eucharist at                 | Received Confirmation | Public School Grade | Office Use Only |
|---------|-------------|---------------|----------------|---------------------------------------|---------------------------------------|-----------------------|---------------------|-----------------|
|         |             |               |                | Church Name, City, and State          |                                       |                       |                     |                 |
| example | Example One | 10/14/16      | Camden, NJ     | Church of Trans.,<br>Collingswood, NJ | Church of Trans.,<br>Collingswood, NJ | not yet               | 5                   |                 |
| Child 1 |             |               |                |                                       |                                       |                       |                     |                 |
| Child 2 |             |               |                |                                       |                                       |                       |                     |                 |
| Child 3 |             |               |                |                                       |                                       |                       |                     |                 |
| Child 4 |             |               |                |                                       |                                       |                       |                     |                 |
| Child 5 |             |               |                |                                       |                                       |                       |                     |                 |

**MEDICAL INFORMATION**

Please list below any allergies or medical conditions we should be aware of for your child:

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Registered Date \_\_\_\_\_

Parent's (Guardian) Signature \_\_\_\_\_

**FOR OFFICE USE ONLY (Please DO NOT WRITE)****After Sept 12**

**REGISTRATION  
 FEE**

- ☐ **1 student = \$95      \$100**
- ☐ **2 students = \$130      \$140**
- ☐ **3 students = \$165      \$180**
- ☐ **4 students = \$200      \$220**
- ☐ **5+ students = \$235      \$260**

Payment Type:

☐ Check      Amount Paid: \$ \_\_\_\_\_      Received by: \_\_\_\_\_

☐ Cash      Amount Paid: \$ \_\_\_\_\_      Received dated: \_\_\_\_\_