

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**

2023- 2024

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 15th
- 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
- To receive the Sacrament of Eucharist and Reconciliation, a student must study in 2 years program (grade 1 and grade 2)
- To receive the sacrament of Confirmation, a student must study for 2-years program (grade 7 and grade 8 of sunday school), and more details in confirmation package.
- TS1 and TS2 must attend Advent and Lenten Retreat

STUDENT SECTION

Order	Name	Date of Birth	Place of Birth	Received Baptism at Church Name , City and State	Received Eucharist at Church Name, City and State	Received confirmation	Public School Grade	Office Use Only
Example	Example	14/10/2015	Camden, NJ	Church of Trans Collingswood, NJ	Church of Trans 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::

Registered Date

Parent's (Guardian) Signature

FOR OFFICE USE ONLY (PLEASE DO NOT WRITE)

After August

- REGISTRATION FEE
- 1 student = \$100 \$110
 - 2 students = \$160 \$170
 - 3 students = \$220 \$230
 - 4 students = \$260 \$270
 - 5+ students = \$300 \$310

Payment type::

- Check Amount Paid: \$ _____ Received by: _____
 Cash Amount Paid: \$ _____ Received dated: _____

