

Most Precious Blood Parish Faith Formation Program

Registration Form 2024-25

Today's date: _____ Your Parish Name(Parish) _____ ID # _____

*** REGISTRATION & SACRAMENTAL FEES: 1 CHILD-\$50; 2 CHILDREN- \$70; 3 OR MORE- \$80
ADDITIONAL SACRAMENTAL FEES FOR GRADE 2, 3 & 11 (IF STUDENT IS PREPARING TO RECEIVE A SACRAMENT) \$25.00

FAMILY NAME: _____ PHONE: _____

STREET ADDRESS _____ PO BOX _____

CITY STATE ZIP _____

EMAIL _____

PARENT/ LEGAL GUARDIAN & RELATIONSHIP TO STUDENT:

1. FULL NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

RELIGION _____ RELATIONSHIP TO STUDENT _____

2. FULL NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

RELIGION _____ RELATIONSHIP TO STUDENT _____

3. EMERGENCY CONTACT (LOCAL)

NAME _____ PHONE _____

IMPORTANT: ONLINE AND PRINTED PUBLICATIONS PERMISSIONS

YES – I allow my child(ren)'s image to be published online and in printed publications

Signature _____

FILL IN STUDENT INFORMATION ON BACK

CHILD #1 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2024-25: _____ SCHOOL GRADE _____

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):

CHILD #2 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2024-35: _____ SCHOOL GRADE _____

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):

CHILD #3 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2024-25: _____ SCHOOL GRADE _____

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):

