

Most Precious Blood Religious Education
32-23 36th St. Astoria, NY 11106 Tel.718-278-3337 Ext.124 or 347-834-0083
Email: MPB1922faith@gmail.com
REGISTRATION 2022-2023

DATE: _____

Parish Registration #

Fee: Total \$ _____ Cash _____ Check # _____ Receipt _____ Balance \$ _____

Sacrament (s): _____ **Envelope #** _____

Language: _____ **Married:** _____

Saturday (10:00AM – 11:30AM) _____ RCIA _____ Level _____

Sunday (11 AM – 12:30 PM) _____ Mass at 12:30 PM

Mother's First and Maiden Last Name: _____

Mother's Cell _____ **Email:** _____

Father's First and Last Name: _____

Father's Cell _____ **Email:** _____

Address: _____ **Apt.** _____ **City** _____ **Zip** _____

Name of 1st Child _____ **Date of Birth:** _____

Place of Birth: _____ **Sex:** Male ___ Female ___

School _____ **Grade in September** _____

Church of Baptism: _____ **Date:** _____

Church of First Communion: _____ **Date:** _____

Child's Email: _____ **Child's Cell #** _____

Does your child have any allergies or disabilities? _____

Name of 2nd Child _____ **Date of Birth:** _____

Place of Birth: _____ **Sex:** Male ___ Female ___

School _____ **Grade in September** _____

Church of Baptism: _____ **Date:** _____

Church of First Communion: _____ **Date:** _____

Child's Email: _____ **Child's Cell #** _____

Does your child have any allergies or disabilities? _____

Name of 3rd Child _____ **Date of Birth:** _____

Place of Birth: _____ **Sex:** Male ___ Female ___

School _____ **Grade in September** _____

Church of Baptism: _____ **Date:** _____

Church of First Communion: _____ **Date:** _____

Child's Email: _____ **Child's Cell#** _____

Does your child have any allergies or disabilities? _____

The registration fee is non refundable

Signature: _____