

For Office Use Only

Family Name: \_\_\_\_\_

Date rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Amt \_\_\_\_\_ Amt \_\_\_\_\_ ☐ Credit

Owed: \_\_\_\_\_ Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ ☐ Cash

St. Joseph Spring City Parish  
3640 Schuylkill Road, Spring City, PA 19475  
www.stjosephspringcity.com/childrens-faith-formation  
Religious Education Registration Form 2025-2026

**Fees:** CGS All Levels – Free Will Offering only  
PREP Grades 1-7 family tuition rates: one child/\$50, two children/\$100, three or more children/\$150  
1st Eucharist sacrament fee additional \$15/child

Please print clearly and refer to the parish website for detailed information on the program options and qualifications for entering each level of religious formation and/or sacraments.

Child's Full Name	Demographics	Program Options (Circle one based on child's age/grade)	Ethnicity Race (please choose only one)
<b>First/Given:</b> _____ <b>Middle:</b> _____ <b>Last/Sur:</b> _____ <b>Suffix:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DOB:</b> _____ <b>School District/Grade:</b> _____ <b>Completed Religious Education Level</b> _____ <b>Church of Baptism:</b> <input type="checkbox"/> St. Joseph <input type="checkbox"/> Other If Other please attach a copy of certificate	<b>Grades 1–5:</b> Sun PREP OCIC <b>Grades 6–7:</b> Sun PREP (Confirmation Study) <b>Ages 3–5:</b> Sun CGS Tues CGS <b>Grades 1-6:</b> Tues CGS <b>Catholic School Sacrament registration:</b> Use Sacrament Registration Form	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <b>Race:</b> <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African America <input type="checkbox"/> Two or more <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
<b>First/Given:</b> _____ <b>Middle:</b> _____ <b>Last/Sur:</b> _____ <b>Suffix:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DOB:</b> _____ <b>School District/Grade:</b> _____ <b>Completed Religious Education Level</b> _____ <b>Church of Baptism:</b> <input type="checkbox"/> St. Joseph <input type="checkbox"/> Other If Other please attach a copy of certificate	<b>Grades 1–5:</b> Sun PREP OCIC <b>Grades 6–7:</b> Sun PREP (Confirmation Study) <b>Ages 3–5:</b> Sun CGS Tues CGS <b>Grades 1-6:</b> Tues CGS <b>Catholic School Sacrament registration:</b> Use Sacrament Registration Form	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <b>Race:</b> <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African America <input type="checkbox"/> Two or more <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer

Family Name: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Address of child: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Living/Deceased? \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Same Address? Y N\*

Mother's Full Name (with maiden): \_\_\_\_\_ Living/Deceased? \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Same Address? Y N\*

\*If applicable, address of parent that does not match address of child:

Name

Street

City

Zip Code

For: Mother Father

Please Turn--->

St. Joseph Spring City Parish  
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Religious Education Registration Form 2025-2026

**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:** I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the religious education programs and activities.

**MEDICAL/LEARNING DATA:** If any of the following apply to your child, please list his/her name and give details in the appropriate spaces:

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability/Learning Support Services	G/IEP or 504
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "Yes" to G/IEP or 504 then please also complete and attach a detailed Child Information Form, available through the D/CRE.

Is there any other information about your child that should be communicated? If yes, please attach to this form.

**CUSTODY:** Are there any custody/legal issues? ☐ yes ☐ no (If yes, please attach a complete copy of the latest court order.)

\*Name of person responsible for Religious Education if not a Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Parent/guardian must provide a signed, dated letter of permission which is to be kept on file and updated annually.

**PLEASE READ, REVIEW AND SIGN:**

- ☐ I have read the Religious Education and/or the Catechesis of the Good Shepherd Parent Handbook/information found on our parish website and agree to the applicable program requirements and expectations.
- ☐ I give permission for my child's image to appear on parish websites, bulletins, and related on-line and printed media in relation to events that happen in the program.

**I am willing to support my child's religious formation by**

- ☐ Becoming a catechist/aide/atrium assistant
- ☐ Becoming a rotating volunteer ☐ Making materials/providing supplies ☐ Assisting with sacramental preparation
- ☐ Other \_\_\_\_\_ ☐ Please let me know how I can help

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Turn---→