

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)
First/Given: _____ Middle: _____ Last/Sur: _____ Suffix: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____ School District/Grade: _____ Completed Religious Education Level _____ Church of Baptism: <input type="checkbox"/> St. Joseph <input type="checkbox"/> Other If Other please attach a copy of certificate	Grades 1–5: Sun PREP OCIC Grades 6–7: Sun PREP (Confirmation Study) Ages 3–5: Sun CGS Tues CGS Grades 1-6: Tues CGS Catholic School Sacrament registration: Use Sacrament Registration Form	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino Race: <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
First/Given: _____ Middle: _____ Last/Sur: _____ Suffix: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____ School District/Grade: _____ Completed Religious Education Level _____ Church of Baptism: <input type="checkbox"/> St. Joseph <input type="checkbox"/> Other If Other please attach a copy of certificate	Grades 1–5: Sun PREP OCIC Grades 6–7: Sun PREP (Confirmation Study) Ages 3–5: Sun CGS Tues CGS Grades 1-6: Tues CGS Catholic School Sacrament registration: Use Sacrament Registration Form	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino Race: <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: _____

Approval Letter may be required if not St. Joseph

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--->

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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---→