



**St. Joseph Spring City Parish**  
**3640 Schuylkill Road, Spring City, PA 19475**  
Catholic School Child Sacrament Registration Form 2025-2026

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Home \_\_\_\_\_ 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<br><input type="checkbox"/> NO |
|              |                              |                        |                                      | <input type="checkbox"/> YES<br><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 Shephard Parent Handbook/information found on our parish website and agree to the 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--->