Family Name:		
Date rec'd:	By:	Cash
Fee: For Office Use Only	Check #:	Credit

St. Joseph Spring City Parish 3640 Schuylkill Road, Spring City, PA 19475

Catholic School Child Sacrament Registration Form 2025-2026

Confirmation sacrament fee is \$50/child Reconciliation/1st Eucharist sacrament fee \$15/child

Please supply all requested information. Print clearly. For first time registrants, please provide a copy of Baptismal and Eucharist Certificates if not completed at St. Joseph's. Please refer to the parish website for detailed information on the program options, qualifications for entering each level of religious formation and the sacraments.

Child's Full Name (First, Middle, Last)	M/F	DOB	Program Options (Choose one based on child's age/grade) Name of Day School and Grade level for 2025/26	Ethnicity Race (please choose only one)	Was your child Baptized at St. Joseph?
	M F M F		Grade 2: Reconciliation/Eucharist Grade 7: Confirmation Name of Day School / District Grade 2: Reconciliation/Eucharist Grade 7: Confirmation	Ethnicity: Hispanic/Latino Non-Hispanic/Latino Race: American Indian/Native Alaskan Asian White Native Hawaiian/Pacific Islander Black/African America Two + Other Prefer not to answer Ethnicity: Hispanic/Latino Non-Hispanic/Latino Race: American Indian/Native Alaskan Asian	Yes No
			Name of Day School / District	□ White □ Native Hawaiian/Pacific Islander □ Black/African America □ Two + □ Other □ Prefer not to answer	
Family Name:			Hom	e Parish:	
Street			City Living	/Decessed Policies:	Zip Code
			e e e e e e e e e e e e e e e e e e e		
			Email:Living		
Mother's Cell Phone:			Email:	Same A	ddress? Y N*
If applicable, address of parent th	at does	not matc	h address of child:		
					lother Father
Name		Street	City	Zip Code	

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Catholic School Child Sacrament Registration Form 2025-2026

EMERGENCY CONTACT INFORMATION:

	Name:	Relationship:	Phone: Home	Cell
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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
				□ YES □ NO
				□ YES □ 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? use 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
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□ Other _____ □ Please let me know how I can help

Parent/Guardian Signature _____

Date _____