

For Office Use Only

Family Name : _____
 Date Rec'd: _____
 Amount _____ Amount _____ ☐ Credit
 Paid: _____ Owed: _____ Check # _____ ☐ Cash

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

www.stjosephspringcity.com

Religious Education Registration Form 2025-2026

CRE-Emily Roseo stjoesprep2@gmail.com

Fees: CGS All Levels - Free Will Offering Only
 PREP Grades K-7 family tuition rates: one child/\$75, two children/\$150, three or more children/\$200
 First Eucharist Sacrament Fee: \$15 per child
 Confirmation Sacrament Fee: \$25
☐ **Catholic School Sacrament Registration**

Catechists/Aides receive a 75% discount on total base tuition (not including Grade 7 or sacramental fees)

Child's Full Name	Demographics	Program Options	Ethnicity Race (please choose one)
First: _____ Middle: _____ Last: _____ 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 copy of certificate	Family Catechesis: <input type="checkbox"/> Grades 1-5 _____ Grade <input type="checkbox"/> Grades 6-7: Confirmation Study _____ Grade OCIA: <input type="checkbox"/> Grades 1-7 _____ Grade CGS: Age 3 to Grade 3 <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday Age 3-Grade 6 _____ Grade <input type="checkbox"/> Tuesday	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"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or More <input type="checkbox"/> Prefer not to answer
First: _____ Middle: _____ Last: _____ 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 copy of certificate	Family Catechesis: <input type="checkbox"/> Grades 1-5 _____ Grade <input type="checkbox"/> Grades 6-7: Confirmation Study _____ Grade OCIA: <input type="checkbox"/> Grades 1-7 _____ Grade CGS: Age 3 to Grade 3 <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday Age 3-Grade 6 _____ Grade <input type="checkbox"/> Tuesday	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"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Two or More <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 name) _____Living/Deceased?_____Religion:_____
Mother's Cell Phone:_____Email:_____Same Address? ☐Y ☐N

*If applicable, address of parent that does not match address of child:_____For: ☐ Mother ☐ Father

Name _____Street _____City _____Zip Code _____

Emergency Contact Information (Other Than the 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 Condition/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, please supply detailed information to the CRE. If there is any other information about your child that should be communicated, please attach to this form.

Custody: Are there any custody/legal issues? ☐ yes ☐ no (If yes, please attach a complete copy of the 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 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_____

