

Family Name: _____

Date rec'd: _____ By: _____

Fee: _____ Check #: _____ Cash Credit

For Office Use Only

St. Joseph Spring City Parish
3640 Schuylkill Road, Spring City, PA 19475
 Catholic School Child Sacrament Registration Form 2018-2019

Registration is open from April 22 to May 31; a late fee of \$25/family will be assessed beginning June 1.
 Confirmation sacrament fee is \$100/child
 Reconciliation/1st Eucharist sacrament fee \$30/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 Option (Chose one based on child's grade)	Name of day school and grade level for 2018/2019	Was your child Baptized at St. Joseph?
	M F		Grade 2: <u>Reconciliation/Eucharist</u> Grade 7: <u>Confirmation</u>		Yes No
	M F		Grade 2: <u>Reconciliation/Eucharist</u> Grade 7: <u>Confirmation</u>		Yes No
	M F		Grade 2: <u>Reconciliation/Eucharist</u> Grade 7: <u>Confirmation</u>		Yes No
	M F		Grade 2: <u>Reconciliation/Eucharist</u> Grade 7: <u>Confirmation</u>		Yes No

Family Name: _____ Home Parish: _____

Address of child: _____
Street City Zip Code

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:**

_____ For: Mother Father
Street City Zip Code

Please Turn--->

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
				YES NO
				YES NO
				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? 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(s) found on our parish website and agree to the program requirements and expectations.

I give permission for my child's picture to appear on parish websites, bulletins, and related media in relation to events that happen in the program.

I am willing to support my child's religious formation by (please check at least one):

- 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 _____