

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 2020-2021

Confirmation sacrament fee is \$50/child  
 Reconciliation/1<sup>st</sup> 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 Option (Chose one based on child's grade)	Name of day school and grade level for 2020/2021	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

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 \_\_\_\_\_

Please Turn--->