



Our Lady of Health Catholic Forane Church

201 N. University Dr., Coral Springs, Fl 33071

www.olhchurch.org

Religious Education Registration Form for the year 2025– 2026

Church			Annual Church Support					
Membership / Account No.	Family Unit No.	Member since (Year)	2022		2023		2024	
			Paid in Full		Paid in Full		Paid in Full	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Balance:		Balance:		Balance:	
Father's Name				Mother's Name				
Home Address				City / State / Zip				
Email Address				Home / Cell Phone		Emergency contact / Cell Phone 2		
Student Information								
First Name	Last Name			Gender	DOB	Grade		

Do you consent your child to receive "Safe Environment" course? YES No NA

Do you consent that your child had a Safe Environment for CCD in the past year? YES NO NA

Registering Parent Name : _____ Signature: _____ Date _____

Official Use Only:	
Registration fee: \$100 per child	
Received: <input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____	Date: _____