



# Our Lady of Health Catholic Forane Church

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

[www.olhchurch.org](http://www.olhchurch.org)

## Religious Education Registration Form for the year 2024– 2025

Church			Annual Church Support						
Membership / Account No.	Family Unit No.	Member since (Year)	2021		2022		2023		
			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:	
<b>Father's Name</b>				<b>Mother's Name</b>					
<b>Home Address</b>				<b>City / State / Zip</b>					
<b>Email Address</b>				<b>Home / Cell Phone</b>		<b>Emergency contact / Cell Phone 2</b>			
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: \$75 per child

Received:  Cash  Check No: \_\_\_\_\_ Date: \_\_\_\_\_