

Our Lady Help of Christians
1525 Elkins Avenue
Abington, Pennsylvania 19001
215-887-30676, Fax 215-887-3250
www.olhc-parish.org

**CARES PROGRAM
FAMILY REGISTRATION FORM**

Family Name _____

Names of children attending CARES:

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

Address: _____

Home telephone number: _____

Father's
Name: _____

Work# _____ Cell# _____

Mother's Name: _____

Work # _____ Cell# _____

2. Name: _____ tel. # _____

Medical information /Allergies:

\$10.00 Registration fee enclosed; _____ Check # _____, _____ Cash