

LOGOS PROGRAM REGISTRATION 2010-2011

Last Name: _____

NAME of Child	GRADE	BIRTHDAY	ALLERGIES?

Parent's Name _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name/Phone: _____

In case of medical emergency, the Programs personnel are authorized to take my child to the hospital for emergency care.

Signature of Parent/Guardian: _____ Date: _____

Church Member? (circle one) Yes No

I give my permission for my child to be photographed / videoed. (circle one) Yes No

Parent Commitment – In order to participate in the LOGOS program a commitment by a parent is required. Please circle any that you would be interested in doing. A job will be assigned depending upon our needs. Thank you!

Wednesday Night

- Recreation Teacher/Assistant
- Childcare/Nursery
- Kitchen Prep.
- Kitchen Cleanup
- Mission Project Coordinator

During Week

- Choir "Mom" (for assisting on Sundays)
- Worship Skills Assistant
- Wash Tablecloths
- Publicity (Photographer)

I will need Childcare during my commitment to LOGOS for:
Name/Age: _____

Registration Fees Paid: \$ _____

Date: _____

\$ _____

Date: _____

Preschool Family Dinner: \$ _____

1 Child	= \$90
2 Children	= \$150
3 Children	= \$210
4 Children	= \$270
Preschool	= \$20
Dinner for family not registered = \$60/year/person	
*scholarships available upon request	