

# LOGOS Program Registration 2011-12

Names of Children	Grade	Age	Birth Date	School

Parents/Guardians Names \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_  
 Emergency Phone Numbers \_\_\_\_\_  
 Parent's church affiliation \_\_\_\_\_

I have agreed to assist in the Program in the following ways: include dates if applicable.

\_\_\_\_\_

\_\_\_\_\_

I am willing to provide a car pool \_\_\_\_\_ I need assistance with transportation \_\_\_\_\_

Please list any allergies your children may have to food, medications, etc.

\_\_\_\_\_

\_\_\_\_\_

Special needs/restrictions \_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ Employee# \_\_\_\_\_

***Authorization for Treatment of a Minor***

In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Administrative Use Only**

Parent Meeting Registration Fee Paid:

\$ \_\_\_\_\_

Date \_\_\_\_\_

Late Registration Fees Paid:

\$ \_\_\_\_\_

Date \_\_\_\_\_

Payment Plan:

First payment paid: \$ \_\_\_\_\_

Date \_\_\_\_\_

Second payment paid: \$ \_\_\_\_\_

Date \_\_\_\_\_

Third payment paid: \$ \_\_\_\_\_

Date \_\_\_\_\_

**Parent Participation**

Term 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Term 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_