

LOGOS Registration Form

1st session Check # _____ Cash _____ Date _____

2nd session Check # _____ Cash _____ Date _____ Info. Correct _____

(Please Initial)

COST \$25.00 for one child, \$40.00 for 2 or more children. Scholarship _____

Names of Students	Grade	Age	Birthdate	School Attending

Parent/Guardian's Name _____

Address _____

Home Phone () _____ Work Phone () _____

If parents cannot be reached in case of an emergency, whom shall we call?

Relationship to student _____ Phone No. () _____

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Medical Information:

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

AN IMPORTANT PART OF REGISTRATION IS VOLUNTEERING FOR THE PROGRAM. PLEASE INDICATE WHERE YOU, AS A PARENT, WOULD LIKE TO PARTICIPATE.

- | | |
|---|--------------------------------------|
| _____ Bible Study Teacher | _____ Donate Supplies |
| _____ Recreation/Craft Helper | _____ Assist in Meal Preparation |
| _____ Setting Tables | _____ Assist with Table Decorations |
| _____ Clean-up after meal | _____ Dinner Dean |
| _____ Table Parent | _____ Baby Sitter |
| _____ Taking Pictures | _____ Wash Towels |
| _____ Make Posters/Bulletin Boards | _____ Prepare Desserts |
| _____ Wash Tablecloths | _____ Join Us for Dinner One Evening |
| _____ Bring can or non perishable food to the 1 st LOGOS night | |
| _____ Other (Please Specify) _____ | |