

LOGOS MINISTRY REGISTRATION FORM

YOUTH PARTICIPANT(S) INFORMATION

Preschool Fee Only (\$65)		Total Number of Children Participating:	
Name of Child One(\$85):		School:	Age:
<i>Date of birth:</i>	<i>Grade:</i>	<i>Extra-curricular activities:</i>	
<i>Health Problems/Allergies to food, medication, special needs/restrictions:</i>			T-Shirt Size:
Name of Child Two(\$75):		School:	Age:
<i>Date of birth:</i>	<i>Grade:</i>	<i>Extra-curricular activities:</i>	
<i>Health Problems/Allergies to food, medication, special needs/restrictions:</i>			T-Shirt Size:
Name of Child Three(\$65):		School:	Age:
<i>Date of birth:</i>	<i>Grade:</i>	<i>Extra-curricular activities:</i>	
<i>Health Problems/Allergies to food, medication, special needs/restrictions:</i>			T-Shirt Size:
Name of Child Four(Free):		School:	Age:
<i>Date of birth:</i>	<i>Grade:</i>	<i>Extra-curricular activities:</i>	
<i>Health Problems/Allergies to food, medication, special needs/restrictions:</i>			T-Shirt Size:

PARENT INFORMATION AND PARTICIPATION

Parent's Name:		Home Phone:	Cell:	
<i>Current Address:</i>		<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Church Affiliation:</i>	<i>E-mail:</i>			

Please circle all areas that the parent/s have agreed to assist in LOGOS:

<i>K-2nd Grade Crafts (1st Wed. 7:00 – 7:45)</i> <i>Table Parent (Weekly 5:30-7:00)</i> <i>Photographer (Weekly – Time Varies)</i> <i>Cridlin Food Pantry (3rd Wed. 5:15-6:00)</i> <i>Pre-School Helper (Weekly 5:15-6:00)</i> <i>Dinner Dean (As Needed 5:30-7:00)</i> <i>K-2nd Grade Bible Study Teacher (Weekly 5:15-6:00)</i> <i>K-2nd Grade Recreation Leader (2nd, 3rd, 4th and 5th Wed. 7:00-7:45)</i>	<i>3rd-5th Grade Crafts (1st Wed. 5:15-6:00)</i> <i>Cook Team (4/4:30 – 7:30/7:45 – Six times per year)</i> <i>Table Decorations (Weekly)</i> <i>3rd-12th Grade Bible Study Teacher (Weekly/Month 7:00-7:45)</i> <i>Comforter Backup(As Needed 4:15-7:45)</i> <i>3rd-5th Grade Recreation Leader (2nd, 4th, & 5th Wed. 5:15-6:00)</i>
---	--

EMERGENCY INFORMATION

<i>Emergency Contact:</i>		<i>Relationship:</i>	<i>Phone:</i>
<i>Pediatrician:</i>	<i>Phone:</i>		
<i>Person(s) Authorized to Pick Up Child/Children:</i>			

AUTHORIZATION FOR TREATMENT OF A MINOR

My child/children, named above, has/have my permission to attend trips and special events sponsored by the LOGOS Program. 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.

<i>Signature of Parent/Guardian:</i>	<i>Date:</i>
--------------------------------------	--------------

Scholarships are available if financial help is needed. Please talk to LOGOS Director or Church Staff for this.

LOGOS Use Only:

Parent Meal Plan Form _____, Parent Child Covenant Form _____,

Background Check _____ (If applicable), LOGOS Service _____

Payment #1 Date _____, Amount: _____, Check # _____,
 Payment #2 Date _____, Amount: _____, Check # _____,
 Payment #3 Date _____, Amount: _____, Check # _____,

PUBLICITY RELEASE

From time to time, the staff will take photographs and/or video of church events and activities. These photographs and/or video images may include pictures of my child/children named above. I hereby give permission to the First Presbyterian Church to use my child/children's photograph or video image for church-related purposes, including, but not limited to, utilizing those photographs and/or video images on the FPC webpage, Facebook, YouTube, on church bulletin boards and projection screens, promotional videos and CD's, and the like.

Signature of Parent/Guardian:

Date: