LOGOS
(A mid-week program for Grades 1 – 8)
20011/2012 REGISTRATION FORM
Parkwood Presbyterian Church

_____ _____ _____ _____
Name Age Birth Date Grade

Parents'/Guardian's Name: _____

Address: _____
Apt. # # & Street City Postal Code

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____

Emergency Contact (if parent not available):

Name: _____ Phone: (____) _____

Parent's Home Church: _____

Please list any food allergies or restrictions that your child may have.

_____

_____

Does your child have any medical conditions that we should be aware of? i.e.:

☐ Asthma, ☐ Diabetes , ☐ Bee/Wasp Allergy

Other: _____

In case of a medical emergency, the Logos Program personnel are authorized to take my child to the hospital.

Parent's Signature: _____

I can assist with the Logos Program in one or more of the following ways:

☐ Kitchen Helper ☐ Table Parent ☐ Bible Teacher ☐ Bible Assistant
☐ Decorating ☐ Place Mat Design ☐ Telephone Contact Person
☐ Assist with games ☐ Assist with crafts ☐ Costumes
☐ Setting up and/or putting away tables and chairs Other: _____

The Golden Rule of Logos
"Everyone is to treat everyone else as a child of God.
No one has the right to treat anyone else as if they do not matter."