

LOGOS
Registration Form 2022-23
Parkwood Presbyterian Church



Name: First, Last Age Birth Date (mm/dd/yyyy) Grade

Parents'/Guardian's Name: _____

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

Home Phone: (613) _____ Cell: _____

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: _____

I give permission for my child's photo to be used in the church Pulse, pamphlets, bulletins and/or Parkwood's website..

Date: _____ Signature: _____