



2011-2012
LOGOS Registration
For (circle one: 1st, 2nd, 3rd, 4th) Child

Student's Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Alternate Phones: ()

E-mail Address: _____ ()

Parents'/Guardian's Name: _____

Birth Date: _____ Grade/School/Teacher: _____

Church Affiliation, if any: _____

Are there any behavioral, dietary or medical concerns we should know about that may affect the student's participation in LOGOS?

Allergies?: _____ Medications?: _____

Parental Consent

I am/am not willing for any photos of my child taken during LOGOS to be used in media and publications
(Circle one)

I am/am not willing for our family name, child(ren) name, home address and home telephone number to be part of the Richmond Community Church LOGOS directory. This publication will be available solely to LOGOS staff and student members.

[] If a life-threatening emergency exists, I give permission for the LOGOS ministry personnel to call paramedics immediately and then contact me as soon as possible thereafter.

[] I agree to assume the financial responsibility for expenses incurred as a result of those services being provide by a licensed physician or paramedics in the event of a life-threatening emergency. I also agree to be financially responsible for emergency medical transportation.

[] I give my permission for LOGOS Ministry personnel to transport my child, during inclement weather, to the church in an insured vehicle.

Doctor's Name: _____ Doctor's Phone: ()

Parent/Legal Guardian signature: _____ Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Student/Parent's Participation

Circle dates/quarters of Student participation:

Fall Quarter: Sep 21-Nov 16 (not 11/2) (\$60.00 for lessons & meals)	Winter Quarter: Jan 11-Feb 29 (\$60.00 for lessons & meals)	Spring Quarter: Mar 7-April 25 (not 3/28) (\$60.00 for lessons & meals)
---	--	--

Circle dates/quarters Parent will attend Family Time - \$3.00 each meal or \$69 for all three

Fall Quarter: Sep 21, 28 Oct 5, 12, 19, 26 Nov 9, 16	Winter Quarter: Jan 11, 18, 25 Feb 1, 8, 15, 22, 29	Spring Quarter: Mar 7, 14, 21 Apr 4, 11, 18, 25
---	--	--

I understand that LOGOS is a volunteer cooperative effort and I will be required to assist the LOGOS program in at least one of the following ways for a total of 4 hours per year:

<input type="checkbox"/> <i>Welcome time</i>3:45 to 4:15 pm <input type="checkbox"/> <i>Kitchen Prep</i>4:15 to 4:30 pm <input type="checkbox"/> <i>Teacher Assistant</i>4:15 to 7:00 pm <u>Area of interest:</u> <input type="checkbox"/> <i>Worship Time</i> <input type="checkbox"/> <i>Recreation Time</i> <input type="checkbox"/> <i>Bible Time</i> <input type="checkbox"/> <i>Kitchen Assistant</i>5:30 to 7:00 pm <input type="checkbox"/> <i>Table Parent (Every week)</i>5:45 to 6:30 pm <input type="checkbox"/> <i>Dining Room Cleanup</i>6:30 to 7:00 pm <input type="checkbox"/> <i>Other</i> _____	<u>Date(s) or Quarter(s):</u> _____ _____ _____ _____
---	---

I will need care for my pre-school child/ren during my commitment to LOGOS

Name/Age: _____

Total Fees and Meals Due

Parent meals: \$_____ Number of meals participating () X \$3.00

Child registration: \$_____ LOGOS Year: Fall, Winter & Spring Quarter (\$150 for lessons and meals)
2nd child=\$135, 3rd child=\$120, 4th child=\$105

\$_____ Fall Quarter (\$60 for lessons and meals) 2nd child=\$55, 3rd child=\$50, 4th child=\$45

\$_____ Winter Quarter (\$60 for lessons and meals) 2nd child=\$55, 3rd child=\$50, 4th child=\$45

\$_____ Spring Quarter (\$60 for lessons and meals) 2nd child=\$55, 3rd child=\$50, 4th child=\$45

Total Fees Due \$_____	Check Number _____	Paid Date _____
-------------------------------	---------------------------	------------------------

**Please make checks payable to the Community Church of Richmond
and write "LOGOS" on the memo line of the check**

All fees are non-refundable. —|— Sorry, no credit card payments.