

LOGOS Ministry Enrollment Form 2008-2009
First Presbyterian Church

Name of Parent/ Guardian _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Church Affiliation: _____

Alternate Emergency Contact Name and Phone: _____

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

I do do not give permission for my child to be photographed or videotaped.

Parents' Signature and date: _____

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

Child's Name	Age	Birthday	Grade 08-09	T-Shirt Size	Paid
1) _____					
2) _____					
3) _____					
4) _____					

Early Registration Fee (by July 31st): \$85.00 1st child — \$75.00 for each additional child

Registration Fee after July 31st: \$110.00 first child — \$100.00 each additional child

Total Fees Due: _____

Payment Plan: Monthly Payments of \$ _____ **On** _____