

CHILD’S NAME: _____

LAST

FIRST

Parent’s names: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Emergency Contact _____

Relationship to child: _____

Phone Number: _____

Grade in School (circle) Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

School child attends: _____ Date of Birth: _____

Will your child be riding the van provided for this ministry? Yes _____ No _____

Church child attends: (if not FMC) _____

Permission to give Tylenol/Ibuprofen: Yes No

Allergies or other medical conditions: _____

Other information Director should be aware of: _____

Tuition paid (See Program Brochure for amount due):

Amount: _____ Date: _____

Scholarship: _____ Yes _____ No Scholarship fee of \$25 _____ Paid

Parent’s Job(s) with the LOGOS program: _____

Permission for walking excursions and photo publication. My child, _____, has permission to attend field trips with the program for the 2023-2024 school year. Most field trips will be walking excursions, but there may be a few travelling trips.

Parent or legal guardian Signature: _____ **Date** _____

I grant permission to the program to use my child’s name and/or photographic image in production of any program publication and/or video, DVD, social media (LOGOS Facebook/YouTube page) and/or other visual imaging.

Parent or legal guardian signature _____ **Date** _____