

LOGOS PROGRAM REGISTRATION

2011-2012

Family Address _____ City _____ Zip _____

Family Phone _____ Email _____

Parent(s) Name(s) _____
(if different from children)

Parents Address _____ City _____ Zip _____
(if different from children)

Phone Parents Work / Cell / Pager _____

Parents E-Mail _____

1st Child/Youth Name _____

Grade _____ Birthday _____ Age _____ School _____

Health Problems/Allergies/Special Needs _____

E-Mail _____

Need Transportation? _____ Time _____

Check all that apply: **4th-5th Grade** ReCreation **OR** Prime Chimers
 6th-8th Grade Worship **OR** Bells
 7th or 8th Grade In Confirmation

2nd Child/Youth Name _____

Grade _____ Birthday _____ Age _____ School _____

Health Problems/Allergies/Special Needs _____

E-Mail _____

Need Transportation? _____ Time _____

Check all that apply: **4th-5th Grade** ReCreation **OR** Prime Chimers
 6th-8th Grade Worship **OR** Bells
 7th or 8th Grade In Confirmation

3rd Child/Youth Name _____

Grade _____ Birthday _____ Age _____ School _____

Health Problems/Allergies/Special Needs _____

E-Mail _____

Need Transportation? _____ Time _____

Check all that apply: **4th-5th Grade** ReCreation **OR** Prime Chimers
 6th-8th Grade Worship **OR** Bells
 7th or 8th Grade In Confirmation

4th Child/Youth Name _____

Grade _____ Birthday _____ Age _____ School _____

Health Problems/Allergies/Special Needs _____

E-Mail _____

Need Transportation? _____ Time _____

Check all that apply: **4th-5th Grade** ReCreation **OR** Prime Chimers
 6th-8th Grade Worship **OR** Bells
 7th or 8th Grade In Confirmation

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Emergency Contact (if parents unavailable) _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Authorization for Treatment of a Minor(s):

My youth/child named above, has my permission to attend trips and special events sponsored by the LOGOS Program meeting at Midland First United Methodist Church. In the event of illness/accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child(ren) which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Authorization for Media Release

Yes. First United Methodist Church (Midland, MI) may post a photograph and/or video of my child(ren) on the church's website or use a photograph of my child(ren) in their publications. I understand that photos will not be labeled with names.

No. I ask that First United Methodist Church (Midland, MI) not post photographs and/or videos of my child(ren) on the church's website or use a photograph of my child in their publications.

Area of Logos Ministry in which you are called to serve (one parent must volunteer in an area):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bible Teacher Grade ____ | <input type="checkbox"/> Substitute | <input type="checkbox"/> Nursery Care |
| <input type="checkbox"/> Assistant Teacher Grade ____ | <input type="checkbox"/> Cook | <input type="checkbox"/> Decorations |
| <input type="checkbox"/> ReCreation Grade ____ | <input type="checkbox"/> Clean-Up | <input type="checkbox"/> Table Parent |
| <input type="checkbox"/> Worship Skills Grade ____ | <input type="checkbox"/> Transportation | <input type="checkbox"/> Nametag Monitor |
| <input type="checkbox"/> Chimes/Bell Assistant Grade ____ | <input type="checkbox"/> Other _____ | |

I am interested in scholarship information

To be signed by parents at LOGOS Parent Meeting or LOGOS Training Meeting.

Parent/Guardian Signature _____

Date ____/____/____

For Office Use Only:

LOGOS Program Registration Follow-up

Attended Parent Meeting - Date: _____

Attended Training Meeting - Date: _____

Tuition Paid: Amount: _____

Check # _____

Parent Volunteer :

Parent Name: _____

Volunteer Position _____

Scholarship Information Given