

LOGOS REGISTRATION / PERMISSION FORM
2010 - 2011

1. Name _____ Grade _____ Birth Date _____

Medical condition, allergies, and restrictions this child has: _____

2. Name _____ Grade _____ Birth Date _____

Medical condition, allergies, and restrictions this child has: _____

3. Name _____ Grade _____ Birth Date _____

Medical condition, allergies, and restrictions this child has: _____

Parent Name _____ Work Phone _____

Home Phone _____

Cell Phone _____

Person to contact if parent cannot be reached in the case of emergency:

_____ Phone _____

I hereby give permission for my child/children to participate in the Logos program and related field trips. I take responsibility to see that my child/children participates as fully as possible. I also give my permission that photographs of my child/children may be used for promotional purposes.

I understand that if my child is unable or unwilling to participate appropriately in the Logos activities, I will be called to pick up my child from the church immediately.

Parent Signature