

LOGOs Enrollment & Parent Emergency Information

Name of Student	Grade	DOB	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fees

_____ \$80 for 1 child for the year	_____ \$40 for 1 child for 1 semester
_____ \$130 for 2 siblings for the year	_____ \$65 for 2 siblings for 1 semester
_____ \$150 for 3 or more for the year	_____ \$75 for 3 or more siblings for 1 semester
_____ Scholarship needed	
Date & Amount Paid _____	

PARENT INFORMATION

Parents/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

e-mail _____

LOGOS is a co-operative program. All families work together to make LOGOS work.

I can volunteer to:

_____ Teach _____ Cook _____ Clean Up _____ Bake/Craft at home
_____ Table Parent _____ Lead Games _____ Substitute for teach/table parent _____ Help w/Choir/Music

Other Emergency Contact:

Name _____ Phone _____

Relationship to Child _____

Please list any allergies your children may have to food, medications, etc. or medical conditions to be aware of:

Please list any special physical or mental special needs or circumstances your child or you have that you feel we should be aware of and how you would like us to help your child to have a good LOGOS experience. (Either list OR talk to Beth regarding this)

In case of medical emergency, the church personnel are authorized to take my child to the hospital for emergency care.

Preferred Hospital: _____

Insurance _____ Policy ID # _____

Insured Name _____ Insured Birthdate _____

Insured Social Security # _____ Relationship to Insured _____

Please list any and all medications your child is currently taking

+Signature of Parent or Guardian _____ Date _____