

# LOGOS Program Registration 2019-2020

## Children/Youth Enrolling in LOGOS

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Indicate any food allergies, health problems, allergies, special needs or restrictions below:

\_\_\_\_\_  
\_\_\_\_\_

.....

Parent/Guardian(s) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are not available:

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

.....

### Medical Release

#### **Authorization for Treatment of a Minor:**

My youth/child, named above, has my permission to participate in events sponsored by the LOGOS Program meeting at St. John's United Church of Christ in Chesterfield. In the event of illness or accident, if the parent, guardian or emergency contact cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child 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.

#### Photo Release

I hereby consent that the photographs, digital images, film and/or videotape taken of my youth/child, named above, during participation in the LOGOS Program may be reproduced and used by St. John's United Church of Christ in Chesterfield and GenOn Ministries in telling the LOGOS story.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fees: 1<sup>st</sup> child - \$55 per semester, 2<sup>nd</sup> child - \$50, 3<sup>rd</sup> & above - \$45  
Preschool Fee: \$35 per semester (ages 3-5)