



LOGOS Student Registration

Name of Students _____ **Grade** _____ **School** _____ **Birth date** _____

Parents/Guardians _____

Street _____ **City** _____ **Zip** _____

Phone (home) _____ **(work)** _____ **(cell)** _____

Email Address _____

Emergency Contact _____

Are you a member of First Presbyterian? _____ **Interested in learning more?** _____

If not First Pres, where do you worship? _____

Allergies or health/social concerns we should know _____

Information that would be helpful in assigning tables _____

Authorization

I hereby authorize the staff of Children and Youth Ministry at First Pres Church of Wheaton to give any necessary medical care for my child _____ while he/she is in their care and the parents cannot be reached.

Signed: _____ Date: _____

Photography Approval

I give permission for my child to be photographed during the LOGOS program and understand that the pictures may be posted to share with the church in the local and social media and on the website for church publicity. *No names will be used.*

Signed: _____ Date: _____

____ I would like to talk with staff about tuition assistance.

Tuition received: Sept. _____ Amount _____ Check # _____
Jan. _____ Amount _____ Check # _____