



# LOGOS Registration Form 2017-2018

Mother/Guardian Name: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street
City/State
Zip Code

Home Phone: \_\_\_\_\_ Mother/Guardian Phone: \_\_\_\_\_  
 Father/Guardian Phone: \_\_\_\_\_

Family E-mail (checked most frequently): \_\_\_\_\_

If you are not in the building, how do we best reach you in the event of an emergency?  
 \_\_\_\_\_

If someone other than a parent/guardian will be picking your child up, please indicate that person below. ID may be required upon pick up.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

Child's Name	DOB	Grade	Allergies/ Special Needs/ Health Concerns/ Other	Registration (Office Use Only)

I understand Wayside will make every attempt to contact me in the event of an emergency. If I cannot be reached, I give Wayside Presbyterian Church staff and representatives permission to take the means necessary to provide emergency care and treatment for my child.

**NOTE:** Wayside will occasionally take pictures or video of the children during our programs to use for training and/or publicity purposes. In addition to being displayed inside the church, the pictures may appear in training slides/videos, our website, our Facebook page, brochures and the local newspaper. Names of the children will never be used with their pictures. Please **initial** the appropriate choice.

\_\_\_\_\_ I **DO** give permission to Wayside Presbyterian Church to use images of my child(ren) as described above.  
 \_\_\_\_\_ I **DO NOT** give permission to Wayside Presbyterian Church to use images of my child(ren) as described above.

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

**Registration Fees**

To help those families with 2 or more children in the program, the following fee schedule will be in effect for 2017/2018:

1st Semester: OCT - DEC	2nd Semester: JAN - APR	FULL Year
1 child - \$30	1 child - \$30	1 child - \$60
2 children - \$45	2 children - \$45	2 children - \$90
 \$52 family max	 \$52 family max	 \$104 family max

Children in NURSERY - No Charge.

---

---

**OFFICE USE ONLY**

TOTAL DUE: \_\_\_\_\_

Scholarship - Semester: 1 2

Payments	Date	Method	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____