



## Zion UCC LOGOS Visitor's Form

We are glad that your child is coming to visit us at LOGOS. In order to make this a safe visit we require the following information:

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Name and phone number for the person picking the child up from school:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School the student attends and a phone number for the school :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and phone number for the person authorized to take your child home at the end of the evening:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical needs we should be aware of?

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Phone contact for your doctor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency do we have your permission to call 911 and have the child transported to emergency care? Parent signature and Date \_\_\_\_\_

There is a cost of \$3.00 associated with the meal. Please send this amount with your child. If you have questions regarding the program please contact the Zion Church office at 618-997-5190 and leave your name and phone number so that one of our LOGOS Team Leaders can contact you.

Thank you!

**Zion United Church of Christ, 930 W. Cherry St., Marion, IL 62959**