

Zion LOGOS Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School attending \_\_\_\_\_

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Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact: Name and Phone # \_\_\_\_\_

Please List any allergies or medical conditions LOGOS staff should be aware of:

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In case of a medical emergency, the LOGOS program personnel are authorized to take my child to the hospital.

Parent signature and date: \_\_\_\_\_

I will assist the LOGOS program in the following ways:

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My child has permission to be transported and attend any LOGOS field trips during the 2008-09 LOGOS year:

Parent signature and date: \_\_\_\_\_

Anything else that you would like us to know? Feel free to use the back side of the form as well.

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