

LOGOS Program Enrollment 2022-2023

Wednesdays 5:30-7:30 p.m. Oct. 12 – March 29

All Ages Register

Name	Age	Birthday	Grade	School	Allergies/Medical

Parent Name(s) _____

Address _____

City _____ Zip _____

Preferred Phone _____ Work Phone _____

Email _____

Emergency Contact Name _____

Phone _____ Relationship _____

Please list additional allergies your children may have to food, medications, etc.

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

Signature of Parent or Guardian _____

I would like to assist in the LOGOS program in the follow ways:

I need assistance with transportation for: _____

(We will give you a call to work out the details.)

Use the back of this form to share any information that will help us to enable your child/youth to have the best experience possible in the LOGOS program.

FEES: 50.00 for the full year/child. (1st semester - \$25; 2nd semester - \$25)

Scholarships are available and no child or youth will be prohibited from coming due to finances.

Please speak with WNL Director Melissa Roe-Wilson (816-726-5529) or Pastor Dave regarding fees.