



# ST. GILES PRESBYTERIAN CHURCH

## LOGOS REGISTRATION FORM

ID \_\_\_\_\_

Family  
Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

	FATHER	MOTHER	OTHER
	Attending Logos <input type="checkbox"/>	Attending Logos <input type="checkbox"/>	Attending Logos <input type="checkbox"/>
First Name			
Last Name			
DOB (MM/DD)			
	Relationship >		
Allergies			
Medical Conditions			
Notes			

	CHILD 1	CHILD 2	CHILD 3
First Name			
Last Name (if different)			
Gender			
DOB (MM/DD/YY)			
School			
Grade			
Allergies			
Medical Conditions			
Notes			

Family

Last Name \_\_\_\_\_

	CHILD 4	CHILD 5	CHILD 6
First Name			
Last Name (if different)			
DOB (MM/DD/YY)			
School			
Grade			
Allergies			
Medical Conditions			
Notes			

By clicking or checking this box, I give permission to my child/children to attend the LOGOS Program

Please indicate your agreement or non-agreement to allow St. Giles Presbyterian Church to publish pictures and/or video footage during the LOGOS program to be used for communication and promotion (usually on our website, our pamphlets, our Facebook page and our brochures.) Photos and video footage will be STRICTLY used ONLY by St. Giles Presbyterian Church.

I agree to allow St. Giles to publish photos and video footage of my child/children for the LOGOS Program.

I do not agree to allow St. Giles to publish photos or video footage of my child/children.

By checking the box shown here, I give St. Giles Presbyterian Church permission to email me with information about the LOGOS program and other special programs or news and events at the email specified on this form.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_