



**LOGOS Program Enrollment**

	<b>Names of (Child)ren</b>	<b>Grade(s)</b>	<b>Birth date(s)</b>	<b>School(s)</b>
1)				
2)				
3)				

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please list any allergies your child(ren) may have to food, medications, etc.** \_\_\_\_\_

**Please list any health problems, medications, special needs, restrictions your child(ren) may have**

\_\_\_\_\_ **Yes, I have filled out, signed, notarized and submitted a Medical Release form**

**Please list the names of adults (over 18) that may pick your child(ren) up from LOGOS** \_\_\_\_\_

**I agree to assist with LOGS in the following ways:** \_\_\_\_\_

**Attached is a check for:** \_\_\_\_\_ **for** \_\_\_\_\_ **child(ren)**

**\$215 per child for the 2009-2010 year;**

**\$130 per child for the Fall/Winter;**

**\$85 for the spring**

*\* Payments can be made in increments or on a sliding scale. Call Kacy at 404.228.7735 to discuss options.*

