



Dear Parent

We are very glad to have your child/children enrolled in the LOGOS program at North Raleigh United Methodist Church. We have a church wide system of enrolling the children in the various groups they have chosen. The LOGOS program requires some additional information, so we are asking that you fill out this form (**front and back**) and return it to the church office.

LOGOS is a special weekly Bible study program and we hope your child/children enjoy their experience. The nightly schedule will begin at 5:15pm with Art/Recreation and Puppet classes (Art/Recreation and Puppets alternate every other week), Fellowship Dinnertime and Bible study.

Please note the section of the registration form if your child has an allergy (food, etc.) or any pertinent medical condition that would limit recreation activities. If there are any special conditions, our Parish Nurse will contact you and discuss how the situation should be addressed.

The registration fee for LOGOS is \$50.00 a year per child, not to exceed \$100.00 per family.

LOGOS is a ministry where the parents are asked to serve so they are a part of the program with their children. It is always a wonderful experience to share with your children in their faith journey.

PARENT COMMITMENT & COVENANT

I will commit my time to the following area:

Ministry / Activity Kitchen / Cleanup Bible / Teacher Fellowship / Dinner Most Needed

Specifically in this area: _____

I understand that I am a VITAL part of this Christian midweek ministry and accept the commitment of time that is my parental responsibility. I also acknowledge that I have read and understand the NRUMC discipline policy.

Parent's signature

Date

NORTH RALEIGH UNITED METHODIST CHURCH
REGISTRATION AND EMERGENCY AUTHORIZATION FORM

CHILD'S NAME _____

Child's Current Grade Level _____ Birth Date _____

Parents' Names _____ E-mail _____

Address: Street _____ City _____ Zip Code _____

Phone Number(s) where parent(s) can be reached during LOGOS:

_____ (home) _____ (cell) _____ (work)

Alternate Person to contact in an emergency _____

Phone Number(s) where Alternate can be reached during LOGOS:

_____ (home) _____ (cell) _____ (work)

Allergies (food, etc.) and/or Pertinent Medical Conditions (that would limit activities)

In emergencies requiring immediate medical attention, your child will be taken to the hospital emergency room. In the event that you or your designee cannot be located or reached, your signature authorizes a responsible person at LOGOS to accompany your child to the hospital and consent to medical treatment.

Parent's signature _____ Date _____

Do you need a "Buddy: (see All God's Children Brochure) yes _____ no _____

I give my permission to North Raleigh United Methodist Church to make photographs, slides, or videos of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use. I understand that North Raleigh United Methodist Church will never publish names or personal information.

Parent/Guardian _____ Yes No