



Welcome to Logos at First Mennonite for 2016-2017. We hope and pray that you and your youth below will grow in faith through your participation in the Logos community. To serve you better, please fill in the information below. If you have more than two children, please ask for an additional sheet.

CHILD ONE

Name: _____ Age on September 1, 2016 _____ Grade as of September 2016 _____

Health Card No. _____ Information on Food Allergies _____

Please share any information that you feel would help us serve your child better, either in the space below or by speaking to one of the leadership team:

CHILD TWO

Name: _____ Age on September 1, 2016 _____ Grade as of September 1, 2016 _____

Health Card No. _____ Information on Food Allergies _____

Please share any information that you feel would help us serve your child better, either in the space below or by speaking to one of the leadership team:

YOUR CONTACT INFORMATION

Name _____ Relationship to youth _____

Address _____

Phone (day) _____ Phone (home) _____ Phone (cell) _____

Email (if used) _____ I read my email ___ every day ___ every week ___ less than every week

EMERGENCY CONTACT INFORMATION

Please indicate the name of an additional contact person who might be available during Logos if we are unable to contact you.

Name _____ Phone _____ Cell phone _____

YOUR VOLUNTEER INFORMATION

A Logos parent makes two commitments (1) to support the program financially by paying a fee of \$60.00 per term for each participant. (The 2016 fall term will only run 11 weeks, therefore the fee for term 1 will be \$55.00) and (2) if you are NOT a parent who has already made a volunteer commitment, your household agrees to provide an adult volunteer to help on a monthly basis. To help us assign your volunteer task, please complete the following information.

Please check the statement(s) that indicates your availability.

- the adult volunteer from our household is **easily** available from 4:30-6:00PM
- the adult volunteer from our household is **not** available from 4:30-6:00PM
- the adult volunteer from our household **could be, with difficulty**, available from 4:30-6:00PM
- the adult volunteer from our household is **easily available** from 6:00-7:30 PM
- the adult volunteer from our household is **not** available from 6:00-7:30 PM
- the adult volunteer from our household **could be, with difficulty**, available from 6:00-7:30 PM

As a parent volunteer, you are welcome to eat dinner with the Logos group. To cover the cost of the meal, we charge a fee of \$3 for dinner.

In the event that Logos is cancelled for any reason, please indicate the best way to get in touch with you!

Cell Phone(Text) # _____ or Email: _____

Thank you for your interest in the Logos program!