

LOGOS 1 and AFTER SCHOOL APPLICATION

St. Andrew United Methodist Church

Wednesdays

2:15-3:30 p.m. After School

3:30- 5:30 p.m. LOGOS 1

Child's Name:

Age: _____ Male: _____ Female: _____ Grade: _____

My child will be participating in:

LOGOS 1 only _____ OR LOGOS 1 **and** After School _____

Parent/Guardian Name(s):

Location of Parent/Guardian during class _____

Address:

Home phone: _____ Alternative Phone: _____

Are there custodial issues that we should be aware of? Yes _____ No _____

Emergency Contact: (to be contacted if parents/ guardians are unavailable):

Name and Phone Number:

Persons authorized to pick up child from St. Andrew at 5:30 PM

Names and Phone Numbers:

*PLEASE NOTE: We will not release the child to anyone not listed, regardless of relationship to the child.

Allergies – Please list if there are any: _____

Media Release: I give my permission to St. Andrew United Methodist Church to photograph my child participating in church activities for the purpose of church media and communication.

Yes _____ No _____ Signature _____

By signing here I give permission to have my child walked to St. Andrew United Methodist Church under church adult supervision for LOGOS After School and LOGOS 1.

Name and relationship to child: _____