

LOGOS

2009/10 Registration Form

Program Hours: Wednesdays, 4:45-7:15 p.m.

Name _____
Address _____ Town _____
School _____ Grade _____
Birth Date _____ Home Phone _____
E-mail Address _____ Do you check it frequently? **Y N**

*** If your child is arriving late or not coming, we expect a phone call: 352-0730**

Mother _____ Work Phone _____ Cell phone _____
Father _____ Work Phone _____ Cell phone _____
Emergency Contact(other than parent) _____ Phone _____

Semester Dates: Please circle the semester for which you are registering:

A. Fall Semester 2009 Sept. 30 through December 16

B. Winter/Spring 2010 January 6 through April 14

	Tuition		
<u>Preschool-Grade 8</u>	<u>1st child</u>	<u>2nd child</u>	<u>3rd & Other</u>
Semester	\$50	\$45	\$40
Full Year	\$100	\$90	\$80

(* maximum per family/per year \$275)

Any food allergies or dietary restrictions _____

Notes or special concerns _____

Tuition fees due dates: **Fall due- Sept. 1, 2009 Winter/Spring - due Jan. 1, 2010**

PARENT COVENANT

I commit to supporting the LOGOS ministry with my time and talents.

Signed _____ **Date** _____