

First Christian Church
LOGOS Registration Form 2011-2012

Youth/Child Name _____ Grade _____

Home Address _____ Date of Birth _____
(street, city, zip code)

Home Phone _____ Youth/Child's Email _____

Youth's cell _____

Parent/Guardian Information:

1. Parent/Guardian's Name _____ Relationship _____

Address (street, city, zip code) _____

Home Phone _____ Work phone _____

Cell _____ Email Address _____

2. Parent/Guardian's Name _____ Relationship _____

Address (street, city, zip code) _____

Home Phone _____ Work phone _____

Cell _____ Email Address _____

Emergency information:

In case we can't reach you, please provide the name of **another** Emergency Contact:

Name _____ Relationship _____

Evening Phone _____ Cell/other phone _____

Medical Information of Participant:

Allergies (including food) or other medical information we should be aware of:

In case of emergency, we should use which hospital? _____

On Wednesday evening, I (parent/guardian) will usually be at (provide phone # if not listed above):
