



2019-2020 LOGOS Registration Form

OFFICE USE:

Registration Completed:

Family Paid Fee:

Remind.com?

Student Information

First Child

First name: _____

Last name: _____

Date of Birth: _____

Grade this school year: _____

Any allergies, specific illnesses or other information we should know about this child?

_____**Second Child**

First name: _____

Last name: _____

Date of Birth: _____

Grade this school year: _____

Any allergies, specific illnesses or other information we should know about this child?

_____**Third Child**

First name: _____

Last name: _____

Date of Birth: _____

Grade this school year: _____

Any allergies, specific illnesses or other information we should know about this child?

_____ Yes. I authorize my child(dren) to be photographed at LOGOS.***Photos are utilized in promoting the LOGOS ministry in printed publications and on our Bethel webpage and Facebook page.*

Parent/Guardian Information

Mother Name: _____

Phone: _____

 Yes, use this number for text reminders: _____

Mailing Address: _____

E-mail address: _____

Father Name : _____

Phone: _____

 Yes, use this number for text reminders: _____

Mailing Address: _____

E-mail address: _____

Your family's church affiliation is: _____ *Bethel Lutheran Church* Other church: _____**How did you hear about LOGOS?** _____Mail or hand-deliver form and payment to: Bethel Lutheran Church 1009 18th Ave. SW Great Falls, MT 59404