

Registration Form

LOGOS: Faith, Fun and Fellowship

Please register my child for LOGOS, 2024-2025

Child's Name _____

Grade as of September 1, 2024 _____

LOGOS happens on Wednesday evenings between 5:00 and 7:15

5:00 – 5:30 Recreation

5:30 – 6:00 Dinner

6:00 – 7:00 Bible Study, Music and Worship Skills

Children K – 5th Grade and Youth 6 – 12th Grade

LOGOS After Dark – Ruffner Room

7:00 – 7:15 Communion in the Chapel

LOGOS will begin September 11, 2024 and end March 19, 2025 with breaks for Thanksgiving, Christmas and New Year.

We would love to have you join us for dinner, LOGOS After Dark and Communion with the children.

Please submit this form along with a completed K-12 Information and Emergency Form to diana@firstpresby.com

Parent/Guardian: _____

Date: _____



First Presbyterian Church of Charleston Birth-PreK Information and Emergency Form

Child's Name: _____ (Nickname: _____)

Birthdate: _____ Gender: _____ Pronouns: _____

Parent/Guardian 1: _____ Address: _____

Phone: _____ Email : _____

Parent/Guardian 2: _____ Address: _____

Phone: _____ Email : _____

ALLERGIES/DIETARY RESTRICTIONS: Insect Stings Peanuts/Nuts Dairy Gluten Asthma

Other _____

MEDICAL CONDITIONS: Epileptic/Seizures Diabetes Vision/Hearing Impaired Mobility Restrictions

Other _____

DIAPERING: Childcare workers may diaper as needed. I prefer to be called to diaper my child as needed.

CARE NOTES: (Please include any information that may be helpful for a childcare provider to make your child's visit more enjoyable, ex. Likes to be rocked, has a favorite toy, etc.)

EMERGENCY CONTACTS (These individuals have permission to pick up your child from childcare.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Any security concerns regarding who can or CANNOT pick up your child? Any court-ordered custody restrictions? Further health concerns or ways we could better support your child? Please use the space on the back of this form to fill in any other safety information you want us to know.

PHOTO/VIDEO PERMISSION

I give permission for my child to be photographed and/or videotaped while participating in FPC programs and events. These photos may be used within the church, published on the church website, or social media. No last names or other identifying information of children in photos will be published.

I DO NOT give permission for my child to be photographed and/or videotaped while participating in FPC programs and events.

(Over)

By signing this form, you verify the following:

1. You have completed the Information and Emergency Form to the best of your knowledge.
2. In the event of an emergency, you allow the staff/adult leaders of FPC permission to administer any necessary first aid. If you cannot be reached or the need is critical, you give consent for emergency medical services to be called to treat your child.
3. You understand it is our expectation that all children/teenagers will conduct themselves appropriately. If any behavior issues arise we will work with the child and family, but parents/guardians will ultimately be responsible for retrieval of their child if it becomes necessary.
4. You hereby release and agree to hold harmless First Presbyterian Church of Charleston, its staff, and volunteers from any and all liability, claims, or damages for any accident, injury, or illness arising out of the use of church facilities, equipment, and/or participation in any FPC activities regardless of location.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Please return completed forms to Diana Vorhees at diana@firstpresby.com. Thank you.



First Presbyterian Church of Charleston K-12 Information and Emergency Form

Child/Teen's Name: _____ Gender: _____ Pronouns: _____

Birthdate: _____ Grade: _____ (Teen's Phone/Email: _____)

Parent/Guardian 1: _____ Address: _____

Phone: _____ Email: _____

Parent/Guardian 2: _____ Address: _____

Phone: _____ Email: _____

ALLERGIES/DIETARY RESTRICTIONS: Insect Stings Peanuts/Nuts Dairy Gluten Asthma

Other _____

MEDICAL CONDITIONS (include conditions that may affect participation in activities): Epilepsy/Seizures

Diabetes Vision/Hearing Impaired Mobility Restrictions Other _____

EMERGENCY CONTACTS (These individuals have permission to pick up your child from church activities.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Any security concerns regarding who can or CANNOT pick up your child? Any court-ordered custody restrictions? Further health concerns or ways we could better support your child/teen? Please use the space on the back of this form to fill in any other safety information you want us to know.

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