



# State College Presbyterian Church

## LOGOS Registration Form

### 2023-2024

		<u>Student Name</u>	<u>Nickname</u>	<u>Grade</u>	<u>Date of Birth</u>	<u>School child attends</u>
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>					
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>					
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>					
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>					

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

E-Mail (if this is an effective form of communication): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

Person authorized to pick up your child(ren):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ We would be interested in carpooling

Is there any additional information about your child(ren) which would help us in making your child(ren)'s experience at LOGOS successful (i.e. social and emotional needs/concerns)? PLEASE INCLUDE ANY DIETARY RESTRICTIONS (GLUTEN-FREE, VEGETARIAN, ETC.) Please update us with changes throughout the year.

LOGOS provides childcare for children from birth through Kindergarten while parents fulfill their parental commitment. Please list below names and ages of children needing care: (Please indicate any dietary restrictions or needs)

OVER

The LOGOS program runs on parental involvement and volunteering. For the year to be a success we need your help. To register your child for LOGOS, **YOU MUST SELECT AT LEAST 2 AREAS** in which you are interested in helping. Please note the level of commitment required. Check all boxes that apply. **\*All adults need clearances which can be obtained thru the PA Dept. of Human Services.**

Every Tuesday	Occasional Tuesdays	Can't Make Tuesday's? No Problem!
<input type="checkbox"/> Bible Teacher <input type="checkbox"/> Social Hall Decorator <input type="checkbox"/> Table Parent <input type="checkbox"/> Cocoon Time (4:15-5:15 pm) Supervise Chrysalis during their social, snack, homework hour <input type="checkbox"/> Worship Skills (Choir)	<input type="checkbox"/> Kitchen Cooking Crew (once a month) <input type="checkbox"/> Substitute Table Parent <input type="checkbox"/> Activity Time Helping Hands (once a month— 4:15-6:15 pm) Being an extra set of eyes, ears and hands for fun activities with elementary age kids	<input type="checkbox"/> Geckos & Chrysalis— Tablecloth Ministry (pick up, wash, return by Monday) <input type="checkbox"/> Geckos—Volunteer Options for Special Events

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(signature)

I acknowledge the commitment to the above checked areas of support for LOGOS

An important portion of our evening is family time where we sit together for a meal. We strive to serve appetizing and healthy meals. Please contact Amy or Mike Gordon, (814-234-3564) the Kitchen Coordinators, to discuss particular food needs that your child requires.

### **Registration Fees 2023/2024**

We are now offering an online payment option—the online payment option includes a 2% convenience charge [amount in ( ) below]. To help those families with two or more children in the program the following fee schedule will be in effect for 2023/2024:

Geckos Fees      1 child — \$140 (\$142.80)      2 children — \$230 (\$234.60)      3 children — \$310 (\$316.20)  
Chrysalis Fees    1 youth — \$165 (\$168.30)      2 youth — \$270 (\$275.40)      3 youth — \$360 (\$367.20)  
1 Geckos child + 1 Chrysalis youth — \$255 (\$260.10)    2 or more Geckos + 1 Chrysalis youth — \$325 (\$331.50)  
1 or more Geckos + 2 or more Chrysalis — \$350 (\$357) - 10% additional discount to families with youth in FISH

If you wish to pay by credit card please visit our webpage, [scpresby.org/children--youth-group-forms](http://scpresby.org/children--youth-group-forms) and find the online payment link under the “Children and Youth-LOGOS” heading.

Once on the online giving page look for “LOGOS Program Fee”

### **Office Use Only**

Total Due: \_\_\_\_\_

☐ Scholarship

**Payments**

**Date**

**Method**

**Balance**

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