

**CHURCH OF THE ROSES
LOGOS REGISTRATION FORM, FALL 2009**

Child's Name _____ Age ____ Grade ____ Birthday _____

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Child's Name _____ Age ____ Grade ____ Birthday _____

Parent's Name/s: _____

Address: _____

Phone: HM: _____ WK: _____

CELL _____ E-MAIL: _____

-- Please circle any dates that you know you or your child/children will not be attending:

9/20, 9/27, 10/4, 10/11, 10/18, 10/25, 11/8, 11/15

-- Please list any allergies or possible concerns regarding your child/children: _____

Please include with this form a check for \$30 per child (made out to Church of the Roses) to cover the cost of 8 meals. \$4.00 each for individual drop-ins. (Some scholarships are available upon request.)

Volunteers/Parents are vital to our program. How can you help? (Please circle those areas that interest you.)

Table Parent / Kitchen Crew / Transportation / Clean-Up Volunteer / Bible Study Assistant
Recreation or Craft Helper / Worship Skills or Music Assistant

I am unable to volunteer at this time, so I am including a tax-deductible contribution of \$_____ to support LOGOS and the children it serves.

Please email the completed form to office@churchroses.org and mail payment to Church of the Roses, 2500 Patio Court, Santa Rosa, CA 95405.

For Office Use Only

Amount _____ Check# _____ Cash _____ Date _____