

# 2009-10 LOGOS/The Oasis Enrollment Form

Please complete one form per family.

Family Name: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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

Annual Fees
Nursery - 3 yrs \$65
Age 4 - Grade 12 \$95
Adults \$75
Family Cap \$300

Student Name	Grade	Age By 12/1/09	Birth Date	School	Amt Due
# of Adults					
Total Amt Due					
Pmt Method/Ck #					
Pmt Amt					

**Allergies:**

Please list any allergies your children may have to food, medications, etc.

Student Name	Allergy	Student Name	Allergy

**Emergency Information:** Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

In case of medical emergency, the LOGOS Program personnel are authorized to take my child to the hospital for emergency care.

**Signature of Parent or Guardian** \_\_\_\_\_