

July 24, 2011

Dear LOGOS Families,

I hope this letter finds you all rested and enjoying the summer warmth! The summer days are passing by and another LOGOS year is quickly approaching. The Children's Ministries Team has been preparing another exciting year for our children! The calendars have been set, themes picked, topics and activities chosen. This year's overall theme will be **Books of the Bible!** In addition to learning about the books of the Bible, the children will have the opportunity to build positive relationships with other children, youth, and adults through music, playtime, family time dinner hour, and Bible study. Mission will remain a very important part of our program and the children will have the opportunity to participate in many different hands-on mission projects throughout the year. The children will have the opportunity to participate in worship with musical offerings.

This year the registration process will remain the same. **Registration forms are due September 1st. Registrations will be accepted after September 1st until September 30th with a late fee of 25.00 per child. The enrollment period will close September 30th. Families must register for the entire program calendar year (September 14-March 28.)**The fee for the 2011-2012 year is attached. The LOGOS program is a family commitment and this will ensure the continuity of the program and the cohesiveness of the group dynamics. Attached are informative materials about the program, calendars, themes, schedules, and the registration process.

On Friday, September 9th, we will have the LOGOS family meeting in the Fellowship Center from 5:30-7:30pm. Dinner will be provided for the entire family. Following dinner, the children will have an activity while the parents gather for the annual parents meeting. It is mandatory for at least one parent to attend this meeting. If you cannot attend please contact me to set up an individual meeting. We will be discussing the LOGOS program, parent and family commitments, and expectations. Please do not hesitate to contact me with any questions. I can be reached at 609 896-1212 ext. 107 or at rcampbell@pclawrenceville.org

I look forward to a wonderful year ahead as we all work together as disciples of Jesus to provide a positive and nurturing environment where our children can explore and build their relationships with others and with God.

Peace,
Robyn Campbell
Director of Children's Ministries

LOGOS REGISTRATION INFORMATION

LOGOS Registration Process

*Read all enclosed materials.

*Fill out registration form.

*Read parent volunteer position descriptions and enter your first & second choice on registration form.

*Submit all forms and tuition by September 1st. Registrations will be accepted through September 30th but will be subject to a late fee of 25.00 per child.

Children must be three on or before September 30th and potty trained to enroll in the LOGOS program.

****Final step in registration process- At least one parent attends the LOGOS parent meeting on Friday, September 9th from 5:30-7:30pm in the Fellowship Center. Childcare will be provided.**

This is very important as the entire LOGOS program's policies, procedures, and expectations will be discussed at this meeting. If you are unable to attend please contact Robyn Campbell for an individual meeting prior to the start of the LOGOS program.

Tuition Schedule: The tuition includes weekly classroom materials, craft supplies, and all meals for the entire program year. Payment plans may be arranged at your request. \$175.00 for first child. \$165.00 for second child, \$155.00 for third child, and \$50.00 for each additional child. **After September 1st- late registration fee of 25.00**

July 24, 2011

Dear Parents:

The following is a list of the areas that we need to fill with parent volunteers, and the time commitment for each. Please be advised that **we do provide childcare in the nursery each week for children under the age of three. Childcare is offered only while the parent is volunteering.** Please feel free to contact me with any questions and to sign up for your parent commitment. **In order for our program to be successful it is required that at least one parent from each family participates weekly.** The positions will be filled on a first come first serve basis. Please contact me if you have any questions.

Thank you,

Robyn Campbell
609 896-1212 ext. 107 or at rcampbell@pclawrenceville.org

Treasurer – Ruth Conover

Nursery Coordinator- Cara Taylor

Playtime / Arts & Crafts- 4:45-6:15- Coordinator-

Music Assistant-

Bible Study Teachers & Teacher Aide- 1 adult teacher. The Bible study class is weekly 7:00-7:30 with an additional 1 hour prep time at home each week (teacher). The curriculum is provided for you.

Kindergarten-

First Grade & Second Grade-

Third Grade & Fourth Grade

Fifth Grade-

Family Time Coordinator- Amy Maurer

Decorator- Christine Madzy

Table Set-Up-

Dinner Dean- Robyn Campbell

Table Parents- 5:45-7:15 – 12 adults and Youth volunteers are needed to sit with their dinner time family each week and encourage positive relationships within the LOGOS table families.

******parents are not assigned to the same table as their children.**

Kitchen Crews

Coordinator- Dawn Monsport

Cook Crew 4:45-6:15 prepare and serve dinner weekly

Clean up crew coordinator- 1 adult needed- to coordinate and assist the second shift in the kitchen- serve & clean up.

Clean up crew- 6:00-7:30 serves dinner & dessert and cleans up kitchen

Shopper-

**2011-2012 LOGOS Program Enrollment
Preschool Class**

Name of Child _____

Age _____ Date of Birth _____ Male _____ Female _____

Class entering in the fall: 3 year olds _____ 4 year olds _____ Pre-K _____

Address _____

Email Address _____

Home phone _____ Work / cell phone _____

Parent's church affiliation _____

Emergency Contact _____

Emergency Contact Phone Number _____

Please list any medical conditions or allergies that the LOGOS Program personnel will need to know (medicine or food allergies, medical conditions, etc.)

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

Name(s) of Parent or guardian _____

Signature of Parent(s) or guardian _____

Please use the other side of this form to share information that will help us enable your child to have the best experience possible in the LOGOS Program. **Please bring to our attention any special needs or considerations.**

**Please note: Children must be potty trained to register for the Logos program.
RELEASE FOR MINOR CHILDREN (Under 18)**

I, *(print name)* _____, parent or official guardian of
(child's name) _____ hereby grant permission to
PCOL, its employees or representatives, to take and use: *(check all that apply:)* ___ photographs/digital
images ___ videotape ___ audio recording or quoted remarks of **my child** for use in promotional or
educational materials as follows: ___ printed publications or materials ___ electronic publications or
presentations ___ Websites. I agree that my child's name and identity: ___ may be revealed ___ may **not**
be revealed in descriptive text or commentary in connection with the image(s).

(Date)

(Signature of Parent or Guardian)

I have agreed to assist the program in the following area _____

(For office use only)

Date on computer _____

Payment record:

Amount paid _____; Date paid _____; Method of payment _____

**2011-2012 LOGOS Program Enrollment
Kindergarten- Grade 5**

Name of Child _____

Age _____ Date of Birth _____ Grade entering _____ Male _____ Female _____
In the fall

Address _____

Email Address _____

Home phone _____ Work / cell phone _____

Parent's church affiliation _____

Emergency Contact _____

Emergency Contact Phone Number _____

Please list any medical conditions or allergies that the LOGOS Program personnel will need to know (medicine or food allergies, medical conditions, etc.)

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

Name(s) of Parent or guardian _____

Signature of Parent(s) or guardian _____

Please use the other side of this form to share information that will help us enable your child to have the best experience possible in the LOGOS Program. Please bring to our attention any special needs or considerations.

RELEASE FOR MINOR CHILDREN (Under 18)

I, *(print name)* _____, parent or official guardian of *(child's name)* _____ hereby grant permission to PCOL, its employees or representatives, to take and use: *(check all that apply:)* ___ photographs/digital images ___ videotape ___ audio recording or quoted remarks of **my child** for use in promotional or educational materials as follows: ___ printed publications or materials ___ electronic publications or presentations ___ Websites. I agree that my child's name and identity: ___ may be revealed ___ may **not be** revealed in descriptive text or commentary in connection with the image(s).

(Date)

(Signature of Parent or Guardian)

I have agreed to assist the program in the following area _____

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