2010 Illinois & Wisconsin District Conference
Cherry Grove/Yellow Creek Church of the Brethren
Shannon, Illinois
November 5-7, 2010

Kindergarten -5th grade
Registration Form and Permission Slip

Child's Name_____ Age_____ Male____ Female____

Nickname (if any)_____ School Grade Completed_____

Address_____ Siblings at conference:
Name_____Age_____
_____ _____ _____

Parent(s) Guardian(s) Name_____

Special medical needs_____

Allergies_____ Current Medications_____

I do___do not___authorize the District Conference childcare staff to administer basic first aid.

In the event of a medical emergency and neither parent/guardian can be notified, I authorize the 2010 District Conference childcare staff to obtain emergency medical attention for my above-named child. I understand that the policy of the caregivers for this District Conference is to notify immediately a parent/guardian, when possible, or to call paramedics to treat and/or transport an ill or injured child. I will assume responsibility for emergency medical charges incurred upon receipt of statement.

Parent/Guardian signature_____

Phone_____

NOTE: Parents are responsible for children during lunch.

Return this form with payment by **September 18, 2010** to:
Illinois/Wisconsin District Office
Church of the Brethren
269 E Chestnut St.
Canton IL 61520-2730

The K-5 program fee is **$10.** *Make check payable to: Illinois & Wisconsin District*

Please submit one form for each child
All children must register for insurance purposes