

**2010 Illinois & Wisconsin District Conference**  
**Cherry Grove/Yellow Creek Church of the Brethren**  
**Shannon, Illinois**  
**November 5-7, 2010**  
**Nursery & Pre-Kindergarten Care**  
**Registration Form and Permission Slip**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Parent(s) Guardian(s) Name \_\_\_\_\_ Siblings at Conference:  
Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

Indicate times when childcare is needed:  
Fri. evening \_\_\_\_\_ Sat. morning \_\_\_\_\_ Sat. afternoon \_\_\_\_\_ Sunday school \_\_\_\_\_ Sunday worship \_\_\_\_\_

Helpful information:

Napping: Yes \_\_\_\_\_ No \_\_\_\_\_ Naps from \_\_\_\_\_ to \_\_\_\_\_ or approximate hours \_\_\_\_\_

Any food allergies (for snacks) \_\_\_\_\_

Can child use bathroom facilities: Yes \_\_\_\_\_ No \_\_\_\_\_

Special instructions: (toys, blanket, Nuk...) \_\_\_\_\_

Any medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Other allergies \_\_\_\_\_

The nursery facilities will be available during Friday and Sunday worship and Saturday business sessions. Parents are responsible for children's meal items. We ask for an adult family member to volunteer for a least one hour per child enrolled either a business session or worship. A signup sheet will be at the conference registration table. **Please let us know you are here and sign up when you register.**

Do \_\_\_\_\_ Do Not \_\_\_\_\_ authorizes 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 \_\_\_\_\_

Return this form by **September 18, 2010** to:

Illinois/Wisconsin District Office  
Church of the Brethren  
269 E Chestnut St.  
Canton IL 61520-2730

**Nursery & Pre-Kindergarten Care includes NO meals. Please submit one form for each child.**  
**All children must register for insurance purposes.**