



Child Care

Available for children 3 – 12 years old

Services Provided

Friday, April 16	8:30 - 5:30	\$15.00/child
Saturday, April 17	8:30 – 3:30	\$15.00/child

(If you have 3 or more children the total charge will be \$40.00 per day.)

Parents' Name _____ Phone: _____

Cell Phone: _____ Pager _____

Child Information Form

	Child 1	Child 2	Child 3
First and Last Name			
Communication (ASL, PSE, SEE, Voice, other)			
Age			
Deaf / Hard of Hearing / Deaf-blind /Hearing			
Medical Information (allergies, etc.)			
Medication and Dosage			
Special Needs			
Other Important Information			

Days you will need child care? Fri _____ Sat _____

If your child is in diapers, you are responsible for checking in to change them.
If your child naps, please bring a pillow and blanket.

Medical Release for:

- 1. _____
- 2. _____
- 3. _____

(Children's First and Last Names)

I understand that in the event of a minor emergency, my child will receive simple first aid treatment and that I will be informed at the end of the program day. I will be responsible thereafter for the care of my child. In the case of a more serious injury or illness, appropriate outside emergency personnel will be called in, and I will be immediately informed of the emergency. The emergency personnel will decide the best course of action. **I understand that I am responsible for administering all medications.**

Signature

Date

Release of all Claims

I hereby release the Child Care program, its agents and employees, from all actions, damages, causes of action, claims, or demands which I, my child/children (listed above), my spouse, heirs, executors, administrators, or assigns, may have against the Child Care program, its agents and employees, for all personal injuries known or unknown which my child/children (listed above), has or may incur by participating in the Child Care program. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature

Date

Photograph/Video Release

I understand that photographs and/or videotapes may be taken during the course of the conference. These images will be used for training, publicity and/or fund-raising purposes for the conference only. My signature below indicates consent for my child/children (listed above to be photographed and/or videotaped.

Signature

Date