

**Child Care Registration for
2019 Central Texas Annual Conference
Sheraton Arlington Hotel
“Triple Crown Room”**

Children ages 3-months to 12 years are welcome. We will offer age appropriate activities. Snacks will be provided but **Children will need to bring their own lunch. If your child is of a pre-school age, please provide a nap-mat or pack-n-play. Also, please provide a reusable/refillable water bottle for your child.** In order to secure your child/children a spot, a \$20.00 NON-Refundable deposit per child is required along with your completed registration form. **Final payment for childcare is due no later than Monday, 3-June-2019.**

Parent(s) Name: _____

Address _____

Email: _____

Home Phone: _____ Cell Phone: _____

Children(s) Name	Age(s) and Grade(s) Completed

Please indicate the times you will need DAYTIME child care:

Day/Date	Time of Day	K-6 th Grade	Age(s) 0-5 yrs.
Monday 10-June	7:30am-5:50pm	\$25.00 per child	\$25.00 per child
Tuesday 11-June	7:30am-5:50pm	\$25.00 per child	\$25.00 per child
Wednesday 12-June	7:30am-5:50pm	\$25.00 per child	\$25.00 per child

NOTE: The amounts stated above are in addition to the \$20.00 NON-REFUNDABLE registration fee per child.

Person to call in an Emergency (if parent cannot be reached)

Name of person to call: _____ Phone #: _____ Relationship: _____

I hereby authorize FUMC Arlington or conference staff/volunteers to allow my child to leave with the following persons (in addition to the above parent(s))

Name of person to call: _____ Phone #: _____ Relationship: _____

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Please return these completed forms prior to 3-June-2019
Annual Conference Childcare – CTCUMC, Attn: Mavis Howell
3200 E. Rosedale St, Fort Worth, TX 76105
Email: mavis@ctcumc.org

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MEDICAL INFORMATION

This section must be completed for all children in the daytime Childcare program of CTCUMC Annual Conference.

In the event that I cannot be reached to make arrangements for emergency medical attention for my child/children, I hereby authorize FUMC Arlington Child Care Coordinator or designated party to seek medical attention as needed.

Insurance Carrier: _____ Policy #: _____

List below any known allergies of your child/children:

Name(s) of Child/Children	Allergic to:
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian

Date

Please return completed forms with your \$20.00 Non-Refundable registration fee (per child) prior to 3-June-2019 to:

*CTCUMC, Annual Conference Child Care
Attn: Mavis Howell
3200 E. Rosedale St., Fort Worth, TX 76105*

If you have questions, contact Mavis Howell at either phone 817/877-5222 or email mavis@ctcumc.org

Final payment of \$25.00 per day; per child for childcare is due on or before Monday, 3-June-2019.

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