



Child Care Registration ~ District Conference 2019

*One form must be completed for every child that is registered.

Child's Name _____
Parent/Guardian's Name _____
Address _____
Home Phone (____) _____
Congregation _____

Health Care / Permission / Emergency Information

I give permission for my child to receive emergency medical treatment in the event of an injury or illness on Saturday, October 19, 2019 until I can be contacted. I understand I will be contacted as soon as possible by the Child Care Provider.

Parent/Guardian Signature: _____
Emergency Contact: _____
Emergency Contact Phone: ____ (____) _____

Insurance Information (Attach a copy of card - front & back)

Insurance: _____

ID# Group#: _____

Primary Care Physician Phone: _(____) _____

List ALL medications child is currently taking:

List any medical conditions/problems that a doctor needs to know:

List any known allergies:

Other comments:

Complete **one form for every child** you are registering and return by **Tuesday, October 1, 2019** to:
Western PA District, 115 Spring Rd, Hollsopple PA 15935

Parent/Guardian Please clip and **keep this portion**
District Conference 2019 ~ Saturday, October 19, 2019
Child Care Information

Place: **Camp Harmony**
1414 Plank Rd, Hooversville, PA 15936

Drop Off: **7:30 am to 8:30 am**

Pick-Up: **At the close of the conference**

Items to Bring: One (1) packed lunch per child
Prepared bottles or baby food, if needed
Diapers, if needed
Snacks

**Child Care Workers have the required
clearance/background checks.**

**Note: No fee required. Costs are included in
District Conference registration**