

## Child Care Registration ~ District Conference 2016

\*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 15, 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 **Friday, October 7** to:  
Western PA District, 115 Spring Rd, Hollsopple PA 15935

Parent/Guardian Please clip and **keep this portion**  
District Conference 2016 ~ Saturday, October 15, 2016  
Child Care Information

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

Drop Off: 7:30 a.m. to 8:30 a.m.  
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 conference registration.