

**ACS 2009 YOUTH & CHILD CARE PROGRAM REGISTRATION**  
**June 17-20, 2009**

**Child/Youth Information**

*Use separate form for each child or youth*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Age while at Grade (Fall 2009) \_\_\_\_\_ School Grade (Fall 2009) \_\_\_\_\_

**CHECK PROGRAM(S) NEEDED:** (choose according to school grade in fall '09)

- |  |  |
|--|--|
| <input type="checkbox"/> Nursery (Birth - Age 1 ½ or 2*) | <input type="checkbox"/> Kids at Conference (Grades 1 - 3) |
| <input type="checkbox"/> Toddler (Ages 1 ½ or 2 - 3*)    | <input type="checkbox"/> Kids at Conference (Grades 4 - 6) |
| <input type="checkbox"/> Preschool - K (Ages 3 - 6)      | <input type="checkbox"/> Youth Program (Grades 7 - 12)     |

\*Flexible, based on child's needs

**Parent/Guardian Information**

Parent Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hotel (may be filled out at Conference): \_\_\_\_\_ Hotel Room #: \_\_\_\_\_

Hotel Telephone #: \_\_\_\_\_

Other adult(s) authorized to sign child/youth in & out:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Pricing Information**

Check the appropriate boxes, below, for your childcare/youth program needs. Due to field trips, Grades 1 to 12 need to register for full day care on Thursday, Friday, and Saturday.

Evening care is recommended only for children 10 and under. The care is provided in your hotel room and you must pre-register to ensure availability. Contact Helen Mansfield at (530) 677-7890 or email her at [helenmansfield55@gmail.com](mailto:helenmansfield55@gmail.com) for more information.

	AM (8:15 - 1:15)*	PM (1:15 - 5:45)	EVENING (7:45 - 10:15)
Wednesday, June 17	<input type="checkbox"/> \$12	<input type="checkbox"/> \$12	<input type="checkbox"/> \$20
Thursday, June 18	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$20
Friday, June 19	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	<input type="checkbox"/> \$20
Saturday, June 20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12	(N/A)
<b>TOTALS</b>			

\*Wednesday morning session is 9:30 - 1:15

### Payment Information

The fees have been calculated to cover actual costs for a quality program, minus a \$3,500 subsidy from the Annual Conference. Fees include lunch, snacks, crafts, some field trips for kids and youth, and the extra staff required for the nursery. Evening care is two youths per hotel room.

There is a \$20 late fee for registrations received after June 1, 2009, for 3+ care sessions.

Enclose completed Health Information/Permission Form with your payment.

#### Total Fees:

For AM Care: \_\_\_\_\_

For PM Care: \_\_\_\_\_

For Evening Care: \_\_\_\_\_

Late Registration Fee: \_\_\_\_\_

**Total Payment Enclosed:** \_\_\_\_\_

#### Make checks payable to:

CA-NV Annual Conference

#### Mail to:

ACS Childcare Registration

c/o UM Conference Center

P.O. Box 980250

West Sacramento, CA 95798

#### Contact Information:

Helen Mansfield

(530) 677-7890

[helenmansfield55@gmail.com](mailto:helenmansfield55@gmail.com)

## HEALTH INFORMATION & PERMISSION FORM

### Your Child's Health Information

Child/Youth's Regular Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Preferred Physician or Hospital during ACS: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Plan #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Child's Special Needs (dietary, medication, allergies, etc.):

\_\_\_\_\_

Anything else helpful for the director to know (special interests, hobbies, etc.):

\_\_\_\_\_

\_\_\_\_\_

### Permission Form

#### Field Trip Permission (required for all age groups)

I give my permission for my child/youth, \_\_\_\_\_, to attend field trips and activities at the Annual Conference Session of the California-Nevada Annual Conference of the United Methodist Church, June 17-20, 2009. I understand this includes permission for children and youth (grades 1-12) to ride in insured vehicles with insured drivers or on public transportation. This includes permission for Nursery through Kindergarten children to be taken for walks inside or near the Convention Center.

### Medical Emergency Permission

In case of emergency, and in the event that I am not readily available, I/we \_\_\_\_\_, the parent(s) of \_\_\_\_\_, give permission for the Annual Conference Child Care staff to obtain emergency medical treatment for my/our child.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Name): \_\_\_\_\_ (Signature): \_\_\_\_\_

**Please make sure to complete this form in its ENTIRETY as copies need to be made prior to the start of conference. Thank you!**