

CHILD CARE AND ACTIVITIES

REGISTRATION

Infant – Grade 8

Central Plains Mennonite Conference Annual Meeting

June 22-23, 2018

Parent(s)/Guardian(s) (please print)

Name _____

Address _____

Cell # (____) _____ - _____

Email _____

Children to be registered

Name	Age	male/ female	Information/Special needs/ Allergies/Other
1.			
2.			
3.			
4.			
5.			

Childcare and activities provided from 8:00 am -5:00 pm Friday and Saturday

Parents are responsible for their children during meals on Friday and Saturday evening

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Waiver of Responsibility (requires a parent/guardian signature)

I/We agree to hold blameless the caregivers and to shoulder full responsibility for the cost of care resulting from accidental injury or death incurred during the time our child(ren) is/are in the care of child care workers.

Signature _____ Date _____