

**Diocese of Wichita and Mid America
Parish Life Conference Clergy Children's Childcare Registration
June 15-18, 2011**

Directions: Complete one registration form for each child who will attend Childcare services for one or more sessions.

Child's Name _____ **Date of Birth** _____

Parent's Name(s) _____

Address _____ **City** _____ **State** _____

Home Parish _____

My child will attend:

_____ **Wednesday 6:45pm-9:15pm** _____ **Thursday 12:15pm-4:15pm** _____ **Friday 9:15am-12:45pm**

Father's cell phone # _____ **Mother's cell phone #** _____

Does your child have any special learning, health, behavior or communication needs that his/her program leaders should be aware of? _____

We will have a low adult/child ratio to provide supervision. In the event that an accident or illness should occur, we will contact you as soon as we can reasonably do so. If it is not reasonably possible to contact you before medical intervention is deemed advisable, we require that you appoint our staff to act as your agent. This appointment in no way implies that St. Nicholas Orthodox Christian Church is financially responsible for the treatment of your child.

PARENTS' APPOINTMENT OF AGENT AND INDEMNIFICATION AGREEMENT

_____ and _____ hereby authorize St. Nicholas Orthodox Christian Church Children's Program staff (any one of them) to obtain and authorize, as our/my agent, the services of a licensed physician and any other health care professional or health care organization for the emergency treatment of _____, our minor child, in connection with any injury, accident, or illness suffered or sustained during the period June 15, 2011 through June 18, 2011.

This authorization and consent for emergency treatment includes authority to consent to prescription medication, hospitalization, and surgical care.

INFORMATION FOR EMERGENCY ROOM:

CHILD'S PHYSICIAN: _____

CHILD'S MEDICAL INSURANCE: _____

DRUG/FOOD ALLERGIES: _____

LAST TETANUS TOXOID: _____

