



Child Care Registration for 2014 Central Texas Annual Conference

Mansfield 1st United Methodist Church
777 N. Walnut Creek Drive, Mansfield 76063
817/477-2287 – info@fmcm.org

Children ages 3-months to 12 years are welcome. We will offer age appropriate activities.

Snacks will be provided but **Children will need to bring their own lunch.**

In order to secure your child/children a spot, a \$20.00 NON-Refundable deposit per child is required along with your completed registration form. **Final payment for childcare is due no later than Monday, 9-June-2014.**

Parent(s) Name: _____

Address _____

Email: _____

Home Phone: _____

Cell Phone: _____

Children(s) Name

Age(s) or Grade(s) Completed

Please indicate the times you will need DAYTIME child care:

Day/Date	Time of Day	K-6 th Grade	Age(s) 0-5 yrs.
Monday 9-June	7:30am-5:50pm _____	\$20.00 per child	\$20.00 per child
Tuesday 10-June	7:30am-5:50pm _____	\$20.00 per child	\$20.00 per child
Wednesday 11-June	7:30am-5:50pm _____	\$20.00 per child	\$20.00 per child

NOTE: The amounts stated above are in addition to the \$20.00 NON-REFUNDABLE registration fee per child.

Person to call in an Emergency (if parent cannot be reached)

Name of person to call: _____ Phone #: _____ Relationship: _____

I hereby authorize Mansfield 1st United Methodist Church or conference staff/volunteers to allow my child to leave with the following persons (in addition to the above parent(s))

Name of person to call: _____ Phone #: _____ Relationship: _____

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Please return these completed forms with \$20.00 NON-REFUNDABLE registration fee prior to 15-May-2014 to:

Annual Conference Child Care, CTCUMC Attn: Mavis Howell
464 Bailey Avenue, Fort Worth, TX 76107
Email: mavis@ctcumc.org

Please complete the Medical/Information section on page 2....

MEDICAL INFORMATION



This section must be completed for all children in the daytime Childcare program of CTCUMC Annual Conference.

In the event that I cannot be reached to make arrangements for emergency medical attention for my child(ren). I hereby authorize the Child Care Coordinator or designated party to seek medical attention as needed.

Insurance Carrier: _____ Policy #: _____

List below any known allergies of your child(ren):

Name(s) of Child(ren)	Allergic to:
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian Date

TRAVEL RELEASE:

Please complete the following information for any child(ren) who has completed Kindergarden through 6th grade.

I hereby give my consent for my child(ren) named below to travel under supervision to the planned field trips and activities scheduled for my child(ren) in the Central Texas Conference daytime childcare program for 9; 10; 11- June-2014. I understand that my child(ren) is subject to the rules and regulations of the Mansfield 1st United Methodist Church and the leaders of the daytime childcare program of the Central Texas Conference regarding behavior and personal discipline, and I hereby release both the Mansfield 1st United Methodist Church and the Central Texas Conference from all liability for injuries or illness resulting from circumstances beyond their control.

Name(s) of Child(ren)	Age(s) or grade completed in school
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian Date

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