

Childcare Registration Form

There is no charge for childcare. Donations are accepted.

Mid-Atlantic District Conference October 6 & 7, 2023

Manassas Church of the Brethren

Registration Deadline – September 19, 2023

Parent's Name

Email

Phone

Congregation

Parents are responsible for their child(ren) during the lunch hour.
Please fill out a **request form** for your child's lunch or bring a packed lunch for them.

Infants, Toddlers and Children

Child's Name	Age
Child's Name	Age
Child's Name	Age
Child's Name	Age
Child's Name	Age
Child's Name	Age

Does your child have any known allergies, medical or other special needs? Please list:

Please fill out and return the **EMERGENCY CONTACT TREATMENT AND WAIVER FORM** for all children and youth.

Return to: Mid-Atlantic District ● 19 Bond St. ● Westminster, MD 21157
Questions? Contact the District office ● 443-960-3052 ● aamad@brethren.org

Emergency Contact Treatment and Waiver Form Mid-Atlantic District Church of the Brethren District Conference

Your information will be provided to the volunteers working with your child(ren) at Manassas Church of the Brethren during Mid-Atlantic District Conference.

Child's Name		Date of Birth		Grade	
Street Address		City		State	Zip Code
1 st Parent / Guardian's Name		2 nd Parent / Guardian Name			
Phone	Email	Phone	Email		
Alternative Emergency Contacts (other than Parents / Guardians)					
Primary Emergency Contact			Secondary Emergency Contact		
Phone	Email	Phone	Email		
Medical Information					
Physician's Name			Physician's Phone Number		
Allergies (foods, medications or other substances) – Write "None" if none					
Current Medications Taken Regularly					
Special Health Considerations (including when to administer EpiPen or inhaler, if applicable)					
Nursery Information					
Child's Name		Date of Birth	Description of Diaper Bag (please label with name)		
Other Important Information for Caregivers:					
Based upon my child's temperament, if my child becomes upset and is crying, while in the nursery, I would prefer:					
<input type="checkbox"/> To be contacted immediately to come to the nursery.		<input type="checkbox"/> Allow nursery staff to try and comfort my child, and use their best judgment as to whether I should be contacted during the conference.			

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian

Date