

Central Pennsylvania Conference
The United Methodist Church
PO Box 2053, Mechanicsburg PA 17055
(717) 766-7441

April 2008

Dear Parents,

We are delighted to be able to offer you child care for this 2008 Session of the Central Pennsylvania Annual Conference. All children six months to fifth grade **need to be registered no later than May 1, 2008**, so that we have adequate staff at all times to care for your child. Please take the time to fill out the attached child care information sheet very carefully and should be post marked by May 9. Child care will be available Thursday through Saturday in Fellowship Hall of Hostetler Chapel.

Please be sure to bring with your child:

- any special toys/blankets
- a good supply of diapers (disposable only)
- adequate baby formula or breast milk
- all necessary bottles, baby foods and spoons
- a container of wet wipes, powder, etc.
- a change of clothing for all children
- sleeping bag/pillow for older children to rest

Please include any other things your child may need for this four-day period. Be sure that all your child's things are labeled with his/her name.

You will be responsible for your child for breakfast, lunch and dinner in the cafeteria.

In the event of an emergency, we would appreciate having your cell phone number so we could reach you directly. If you do not have a cell phone, we will get a message to you during sessions by projecting your name on the overhead.

We are looking forward to working with you to make this weekend a safe and enjoyable time for you and your children.

Together in Christ,

Jamie Pearson
Chair, Commission on Child Advocacy

CHILD CARE FORM FOR 2008 ANNUAL CONFERENCE

Name of child _____

Age _____ Sex _____ Potty trained ___ Yes ___ No

Name of child _____

Age _____ Sex _____ Potty trained ___ Yes ___ No

Name of child _____

Age _____ Sex _____ Potty trained ___ Yes ___ No

Name(s) of Parents attending Annual Conference _____

Home Address _____

Home Phone _____ Cell Phone _____

Dormitory & Room # (when known) _____

Days Child Care Is Needed: (Please check all time periods your child will be with us)

Thursday AM ___ Thursday PM ___ Thursday Eve ___

Friday AM ___ Friday PM ___ Friday Eve ___

Saturday AM ___ Saturday PM ___

Approximate Time of arrival each day: _____

Any special health needs _____

Any Allergies _____

Dietary Restrictions _____

Is your child on any medication? ___ Yes ___ No

If yes, describe _____

May we medically treat your child or take to a hospital in an emergency?

___ Yes ___ No

Insurance Company _____

Group # _____ ID# _____

Name, Address & Phone # of closest relative to be notified in the event of an emergency and you cannot be reached _____

Phone () _____ Relationship _____

Will you need a crib in your dorm room? ___ Yes ___ No

Will you need a highchair at mealtimes in the dining hall? ___ Yes ___ No

Please return this form by May 9, 2008 to:

Kristin Sample, AC Registrar, Central PA Conference, The United Methodist Church,
303 Mulberry Drive, P O Box 2053, Mechanicsburg PA 17055
