

## 2012 Florida Annual Conference Event Child Care

The Florida Annual Conference and First United Methodist Church of Lakeland are pleased to offer child care for Elementary and Pre-school age children, Thursday, June 14, through Saturday, June 16. There will be age appropriate programming as a part of the care for the children during Annual Conference sessions.

In order to provide this service, it is imperative that the child is pre-registered. If you have not pre-registered, there is a very good possibility that spaces will be filled and you may be turned away. Pre-registration ensures that there are an adequate number of child care workers on duty to meet the child/worker ratio (required by law) and also prevents too many workers on duty, which hurts this program financially. If your need for child care changes from your pre-registration request, please notify FUMC Lakeland so they might offer childcare for others needing this service.

**WHO:** Preschool and Elementary Age Children of Members (delegates) to Annual Conference

**WHAT:** Preschool and Elementary Child Care during Annual Conference Business Sessions

**WHERE:** First United Methodist Church, 72 Lake Morton Dr., Lakeland, FL 33801

**WHEN:**        **Thursday, June 14, 9:00am to 5:15pm**  
                     **Friday, June 15, 8:00am to 5:15pm**  
                     **Saturday, June 16, 8:00am to 12:00pm**

**COST:** A \$40 non-refundable registration fee covers your child care cost for the entire annual conference session, whether you need child care for one day or for all 3 days. Add \$10 for each additional child. (For example, the cost for child care for two children for the three days would be \$50; three children would be \$60.)

**WHAT TO BRING:**

- Children under age 2 will need to have a copy of their health and shot record with them when they come (to be in compliance with our local licensing agency).
- Bring any necessary clothes or diapers. It is essential that you label your child's items such as clothing, bottles, bags, pacifiers, etc.
- Child care through the lunch break will be offered. Please pack a sack lunch if your child will be spending the lunch break at the nursery.

**QUESTIONS or CANCELLATIONS:** Call Zana Griffey at First UMC Lakeland, 863-682-1912 or email her at [zgriffey@firstumc.org](mailto:zgriffey@firstumc.org)

**2012 FLORIDA ANNUAL CONFERENCE EVENT  
CHILD CARE REGISTRATION FORM**

*Deadline: May 20, 2012 Pre-Registration Is Required*

PLEASE PRINT

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name:

\_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

**SPECIAL INFORMATION:** Please share any information you feel the caregivers may need, please share this information below or on a separate sheet of paper if needed.

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Please specify times child care is needed each day. If not needed on a particular day, please indicate that also. Childcare is available Thursday (9am-5:30pm), Friday (8am-5:30pm), Saturday (8am-12pm)

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Return completed form with non-refundable registration fee to:  
First United Methodist Church  
ATTN: ANNUAL CONFERENCE CHILD CARE  
72 Lake Morton Drive  
Lakeland, FL 33801

Make checks payable to FIRST UMC LAKELAND.  
Registrations received without payment will be returned.

**FIRST UNITED METHODIST CHURCH**  
**MEDICAL RELEASE AND PERMISSION FORM**  
*(Required prior to participation in any church-related trip or activity)*

**MINOR'S FULL NAME**

\_\_\_\_\_  
(Last) (First) (MI)  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Minor's Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

**MINOR'S MEDICAL HISTORY**

Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_ Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy/Group# : \_\_\_\_\_  
Regular Physicians Name: \_\_\_\_\_  
Primary Insured (parent/guardian): \_\_\_\_\_

**PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*Street/POBox City State Zip*  
Telephone: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Cell - \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Emergency Contact Person (other than parent/legal guardian)  
Name: \_\_\_\_\_  
Telephone: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Cell - \_\_\_\_\_

