

**Preschool Childcare Registration
2005 Southern Baptist Convention
Nashville, Tennessee
June 19-22, 2005**

Below is a Childcare Registration form and a Medical Release form to register your child, infant through 5 years, for the preschool childcare which will be available during the Southern Baptist Convention June 19-22, 2005.

Both forms must be completed for each child to be registered. Please include a non-refundable registration fee of \$10.00 per child. This fee is in addition to the session fees.

Please make your check payable to Bellevue Baptist Church and on the MEMO line write SBC Childcare. Send the check, registration form, and medical release form to SBC Childcare, Attn. Jennifer Enzor, Bellevue Baptist Church, 7400 Hwy 70 South, Nashville, TN 37221.

The childcare cost per session is \$5.00 per child, not to exceed \$40.00 per family for childcare during the Convention. Lunch will be available for the children on Monday and Tuesday for a cost of \$5.00 per lunch. Complete payment is due for all sessions and lunch(es), if selected, when you arrive for your first session. Please pay by check.

We will plan craft materials, snacks, and volunteers according to the number of children registered.

Childcare will be available during the following sessions – please check each session you want childcare:

These times are tentative, please check the final schedule for the exact times.

Sunday, June 19

afternoon 1:30 – 4:30

evening 5:30 – 9:00

Monday, June 20

morning 8:00 – 12:00

lunch

afternoon 1:00 – 4:30

evening 6:00 – 9:30

Tuesday, June 21

morning 8:00 – 12:00

lunch

afternoon 1:00 – 4:30

evening 6:00 – 9:30

Wednesday, June 22

morning 8:00 – 12:00

evening 6:00 – 9:30

To assure your child is registered, please return application(s) and fee(s) promptly. When your completed form and registration fee for each child is received, a Family ID number will be assigned and a confirmation packet will be sent to you.

This confirmation packet will consist of:

Family confirmation card

Parent handbook

Security information

Procedures for check-in and check-out

Friday, May 20, 2005 is the postmark deadline. Do not mail your registration after that date. If you have missed the postmark date, please bring the completed registration with you and the child(ren) will be accepted IF there is space available.

If you have any questions, please contact childcare@sbc.net.

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ID# _____ Date _____

Name of Child: _____ Name Child goes by: _____

Age: _____ Birth Date: ____/____/____ Male _____ Female _____

Name of Parents: _____

Home Address: _____

Home Phone: _____ Cell Number: _____

Email Address: _____

Things to know about my child: _____

Allergies: _____ Affects: _____ Antidote: _____

Infant and Preschool Information: (place N/A where information does not apply)

Does child nurse? _____ Time: _____

Formula: Type: _____ How Much: _____ Time: _____ Warmed or Room Temp

Food: (circle all that apply) Solid Strained Table

Food Allergies: _____ Nap Time(s): _____

Does child burp during feeding? _____ After feeding? _____ In what position _____

Toilet instructions and words child uses: _____

Any Special Needs: (Blanket, Stuffed Animal, Fears, please continue on back if needed)

Childcare Medical Information
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ID# _____ Date _____

Name of Child: _____

Family Physician's Name _____ Phone _____

Name of Primary Insurance Policy _____

Policy # _____ Date of Tetanus Shot _____

Has child been diagnosed with ADD or ADHD? Yes _____ No _____

Is child allergic to Tetanus Booster? Yes _____ No _____

Is child on any daily medications? Yes _____ No _____

If "yes" name of medication: _____

PLEASE NOTE: Childcare Volunteers WILL NOT Administer Any Medication

Has child had:

Chicken pox Yes___ No___

Fainting spells Yes___ No___

Asthma Yes___ No___

Heart Trouble Yes___ No___

Seizures Yes___ No___

Diabetes Yes___ No___

Up to date on required shots Yes___ No___

Chronic Medical Problems (Please describe) _____

In consideration for your agreeing to accept the above-named child as a childcare participant, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the First Aid Coordinator of the Southern Baptist Convention. I further relinquish all claims against, and will not hold liable, the coordinators, teachers, or any interested parties for any accidents or for obtaining medical treatment for my child.

Signature of Parent or Guardian

Date