

**Preschool Registration  
2008 Southern Baptist Convention**

A Preschool Registration form and a Medical Release form may be downloaded to register your child, infant through age three for the preschool childcare which will be available during the Southern Baptist Convention June 8-11, 2008.

Both forms must be filled out completely for each child to be registered. Forms and payments can be processed on-line or by mail. There will be a non-refundable registration fee of \$10.00 per child. This fee is in addition to the session total fee for the convention. Checks can be made payable to SCBI (State Convention of Baptists in Indiana) and on the MEMO line write SBC Preschool Childcare. To mail in registrations, send the check, registration, and medical release forms to: State Convention of Baptists in Indiana, Attn: SBC Preschool Childcare, 900 N. High School Rd., Indianapolis, IN. 46214

The preschool cost per session is \$5.00 per child, not to exceed \$40.00 per family for preschool care during the convention. Lunch will also be available for the preschoolers on Monday and Tuesday for a cost of \$5.00 per lunch. Complete payment is due for all sessions and lunch if selected, when you arrive for your first session.

Our volunteers will be available according to the sessions you check. We are very pleased we can cap the cost of the sessions as \$40.00 per family. Please be a good steward of our time. We will plan craft materials, snacks, and volunteers accordingly. So please do not check sessions that you know you will not attend.

**Preschool will be available during the following sessions:**

There will be morning, afternoon and evening sessions as stated, but the times are approximate. Please check the final schedule for the exact times.

**Sunday**

Afternoon 1:30 pm – 4:30 pm  
No Meal will be provided  
 Evening 5:30 pm – 9:00 pm

**Monday**

Morning 8:00 am – 12:00 am  
 Lunch  
 Afternoon 1:00 pm – 4:30 pm  
 Evening 6:00 pm – 9:30 pm

**Tuesday**

Morning 8:00 am – 12:00 am  
 Lunch  
 Afternoon 1:00 pm – 4:30 pm  
 Evening 6:00 pm – 9:30 pm

**Wednesday**

Morning 8:00 am – 12:00 pm  
 Evening 6:00 pm – 9:30 pm

To ensure your child a place in our on-site Convention Preschool Care Center, applications and fees must be submitted promptly. Center openings will fill quickly. When your completed form and registration fee for each child is received, a confirmation packet will be sent to you. This confirmation packet will consist of:

- A Family Confirmation Card
- A Parent Handbook
- Security information
- Procedures for check-in and check-out

Friday, May 23, 2008 is the postmark deadline. Do not mail your registration after that date. Any registration after that date will need to be done on-line. Walk-ins will be accepted on a first come first serve basis. All balance due amounts will need to be paid at the start of your first session.

If you have any questions, you can contact us at [childcare@sbc.net](mailto:childcare@sbc.net) or call: Kathy Gibbs (317)535-7339 or Michelle Mullenix (317)371-5959.

Preschool Registration  
Southern Baptist Convention - Indianapolis, Indiana

ID# \_\_\_\_\_ Date \_\_\_\_\_

Name of Child: \_\_\_\_\_ Name Child goes by: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parents Names: \_\_\_\_\_

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

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

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

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

Convention Phone Number: \_\_\_\_\_

Things to know about your child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Effects: \_\_\_\_\_ Antidote: \_\_\_\_\_

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

Does child nurse? \_\_\_\_\_ Time(s) \_\_\_\_\_

Formula: Type: \_\_\_\_\_ Quantity: \_\_\_\_\_ Time: \_\_\_\_\_ Warm or Room Temp. (Circle)

Food: Allergies \_\_\_\_\_

Type of food: (Circle all that apply.) Solid Strained Table

Does child burp during feeding? \_\_\_\_\_ After feeding? \_\_\_\_\_ In what position? \_\_\_\_\_

Does child use a pacifier? \_\_\_\_\_ Drink from a cup? \_\_\_\_\_

Nap Time(s): \_\_\_\_\_ Sleep on stomach \_\_\_\_\_ on back \_\_\_\_\_

Toilet instructions and words child uses: \_\_\_\_\_

Any Special Needs: (Blanket, stuffed toy, fears, etc. Please continue on back if needed.) \_\_\_\_\_

**Preschool Medical Information**  
**2008 Southern Baptist Convention - Indianapolis, Indiana**  
**June 8-11, 2008**

ID# \_\_\_\_\_ Date \_\_\_\_\_

Name of Child: \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Insurance Policy \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Tetanus Shot \_\_\_\_\_

Is Child allergic to Tetanus Booster?    Yes \_\_\_\_\_                      No \_\_\_\_\_

Is Child on any daily medications?        Yes \_\_\_\_\_                      No \_\_\_\_\_

If "yes" name medication and dosage: \_\_\_\_\_

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 \_\_\_\_\_

Special Needs                 Yes \_\_\_\_\_                      No \_\_\_\_\_

Chronic Medical Problems (Please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE**  
**Child Care Volunteers**  
**Will NOT administer**  
**ANY MEDICATION**

In consideration for your agreeing to accept the above named child as a Preschool 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, including the Preschool Center, for any accidents or for obtaining medical treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Dear Parents,

A Preschool Registration form is enclosed so that you may register your children, infant through three years old for the Preschool care which will be available during the Southern Baptist Convention June 8<sup>th</sup> – June 11<sup>th</sup>, 2008.

This application must be filled out completely 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 for the convention. Please make checks payable to SCBI and on the MEMO line write SBC Preschool Childcare.

The preschool cost per session is \$5.00 per child, not to exceed \$40.00 per family for preschool care for all sessions during the convention. Lunch Monday and Tuesday is optional but can be provided at the cost of \$5.00 per child per day. Complete payment is due for all sessions and lunch when you arrive for your first session.

To assure your child a place in our on-site Convention Preschool Center, applications and fees must be returned promptly. Center openings will fill quickly. When your completed form and registration fee for each child is received, a confirmation packet will be sent to you.

This confirmation packet will consist of  
Registration Confirmation Card  
Parent Handbook  
Security Information  
Procedures for check-in and check-out

Friday, May 23, 2008 is the postmark deadline. Do not mail your registration after that date. Any registration postmarked after that date will be returned to you. You must then bring the registration and medical forms with you and your child will be accepted only if there is space available.

Care will be provided during lunchtime on Monday and Tuesday. Lunches must be purchased at time of registration. No foods may be brought in unless your child is eating prepared baby food. Please check the registration form if you wish to purchase a lunch.

If you have any questions, please contact us.

Kathy Gibbs and Michelle Mullenix  
Preschool Chairmen

Contact Information:  
[www.childcare@sbc.net](mailto:www.childcare@sbc.net)  
Kathy Gibbs (317) 535-7339  
Michelle Mullenix (317) 371-5959  
Preschool Chairmen

*Mail check and completed forms to:*  
State Convention of Baptists in Indiana  
Attn: SBC Preschool Childcare  
900 N High School Rd.  
Indianapolis, IN 46214