

# CHILD CARE REGISTRATION-Please fill out one per child/youth

We are so glad you are including your whole family in this year's Annual Gathering! Childcare will be provided during all scheduled events. **(Pick up times will be provided to you prior to the event).** Please fill out the information below and don't hesitate to ask any questions you may have by contacting Morgan Bandy at (785)-272-7622.

Total # of Children (nursery-5 grade)\_\_\_\_\_

Total # of Youth (6-12th)\_\_\_\_\_

Put an X next to the meals your child will be eating:

Thursday Dinner \_\_\_\_\_ Friday Lunch\_\_\_\_\_ Friday Dinner\_\_\_\_\_

**(not included in registration)**

Put an X next to your child's age category:

Nursery Care (0-3 yrs)\_\_\_\_\_ Pre-K (3 yrs and potty-trained up to Kindergarten)\_\_\_\_\_

Elementary (Kindergarten—5th grade)\_\_\_\_\_ Youth (6th-12th grade)\_\_\_\_\_

Child's Name\_\_\_\_\_ Parent's Name\_\_\_\_\_

Age\_\_\_\_\_ Current Grade\_\_\_\_\_ Gender\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Parent's E-mail\_\_\_\_\_ Cell Phone #\_\_\_\_\_

Medical Insurance Co.\_\_\_\_\_ Insurance Policy #\_\_\_\_\_

Allergies\_\_\_\_\_

What else should we know\_\_\_\_\_

Permission is granted to seek Emergency Medical Care until I/we can be reached:

\_\_\_\_\_  
Parent/Guardian Signature

**Mail to: ABCCR, 5889 SW 29th St, Topeka KS 66614**