

2016 Southeastern Jurisdictional Conference

CHILDCARE REGISTRATION FORM – DUE JUNE 15th

Children ages 6 months TO RISING 6th grade

In preparing to better serve your childcare needs during Southeastern Jurisdictional Conference, we are asking you to register all your children who will need childcare during the SEJ Conference sessions.

REGISTRATION IS IMPORTANT FOR THE FOLLOWING REASONS:

- The childcare will be staffed according to the Safe Sanctuary number requirements based upon registrations.
- There will be **limited space** available for walk-ins.
- The cost will be \$25 per EACH session for Walk-Ins!

COST PER DAY AND STEPS FOR REGISTRATION:

- **DEADLINE TO REGISTER: June 15, 2016**
- **COST PER CHILD:**
 - Morning session \$20
 - Afternoon session \$20
 - All day \$40
 - Evening session \$18
 - All day and evening \$53
- Cost is set by the Program Ministry Team at Lake Junaluska
- Checks should be made payable to **Lake Junaluska** with “Childcare” on the memo line.
- Complete the form on the second page, and send with check to:

Southeastern Jurisdictional Conference Childcare
Attn: Tammy McDowell
P.O. Box 67
Lake Junaluska, NC 28745
Email: tmcdowell@lakejunaluska.com
Phone: 828-454-6681
Fax: 828-456-4040

*For emergency situations, **we need a cell phone number** we can call during the sessions. It will be important that you **have your cell phone on vibrate** so that we may contact you. You will receive a sheet of details about childcare with your confirmation email.

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Children ages 6 months TO RISING 6th grade

Mother's Name _____

Father's Name _____

(Names of other Adults who may pick up children) _____

Address _____

Home Phone _____ Email _____

*Cell Phone(s) _____

First Child: Name he/she goes by _____ M/F _____

Age _____ Special needs/Allergies _____

Second Child: Name he/she goes by _____ M/F _____

Age _____ Special needs/Allergies _____

Third Child: Name he/she goes by _____ M/F _____

Age _____ Special needs/Allergies _____

Fourth Child: Name he/she goes by _____ M/F _____

Age _____ Special needs/Allergies _____

Number of children:

	Tuesday Morning (\$20)	
	Tuesday Afternoon (\$20)	
	Wednesday Morning (\$20)	
	Wednesday Afternoon (\$20)	
	Wednesday Evening (\$18)	
	Thursday Morning (\$20)	
	Thursday Afternoon (\$20)	
	Thursday Evening (\$18)	
	Friday Morning (\$20)	
		Total \$