

# CHILDREN'S PROGRAMS at 2009 ANNUAL CONFERENCE

Dear Parents,

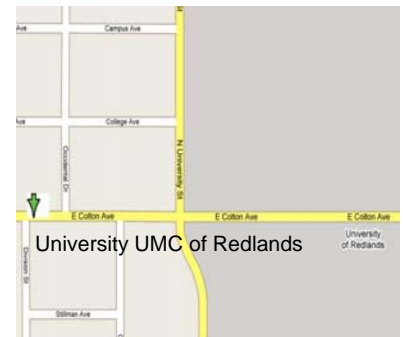
Please consider the following information as you plan to bring your children to Annual Conference this year:

1. **Even if you are not planning to utilize the childcare program, your children must have a signed liability release & medical authorization form on file with the Registrar.** This form is available in .pdf format on the Cal-Pac website and is included at the end of this document. When you arrive at Annual Conference, your child will receive a welcome packet just like yours, including a name badge, meal plan card (if purchased), and other materials you will need.
2. **Please return a conference registration form for each child you are bringing to Annual Conference.** Remember to reserve them a meal plan and a bed if they need one. *The University of Redlands requires all children 5 and over to reserve and occupy a bed. You may not move beds from other rooms.* Children under 5 may reserve a bed at no cost. Children under 5 may also eat free in Irvine Commons when accompanied by a responsible, paying adult and do not need meal cards. Children ages 5 - 11 may stay and eat on the University of Redlands campus at reduced rates. Please see the registration form for more details.
3. **For nursing mothers and infants:** Nursing mothers and their infants are welcome to use Robbins Prayer Room anytime there are activities in the Chapel. The room is located in the Chapel off the stairway landing at the east end of the Narthex. It is equipped with tables for diaper changing, drinking water, an audio feed, and a video feed from the Chapel when possible. Parents should provide other equipment needed. *Infants and children should not be left unattended.*
4. Parents are responsible for children at all times. The behavior and actions of all children are expected to be in keeping with the regulations and standards of the University of Redlands and the Conference. The Conference does **NOT** want children of any age or maturity to be without adult supervision. Consideration of others and their property is especially important in our crowded conditions.

## THE CHILD CARE PROGRAM

**Mission:** The Sessions Committee of the Annual Conference maintains that providing childcare for young children is critical to encouraging the participation and attendance of members of the Annual Conference with families. Furthermore, the Sessions Committee recognizes and believes that the presence of children at Annual Conference is a blessing, and that it is the responsibility of the Committee to maintain an affordable and high-quality program for them.

**Provider:** The Annual Conference contracts with Linda Wallace, who is the Director of ROP Childcare Instruction for Crafton Hills College in Yucaipa. As a credentialed instructor, Linda has been supervising the child care program for many years, and employs her students to provide additional supervision for your children and additional training for her students. The program does comply with the insurance requirements of the Annual Conference and is intended for children age 0 - 11 (children 12 and up may be registered in the youth activities program separately). The childcare center is located at University UMC of Redlands, located a block west of the University on Colton Avenue (just past Sylvan Park). The address is 940 E Colton Ave, Redlands, CA 92374.



**Fees:** High-quality child care is, as you know, expensive. The cost of this child care program is primarily underwritten by the Sessions Committee of the Annual Conference. Each year, the average cost to the Annual Conference *per child enrolled in child care is significantly higher than our revenue.* However, some of these costs are fixed - our best way to reduce the cost per child is actually to have more children enrolled!

The minimum contribution from parents for 2009 is \$20/child per day (or any part of a day), up to \$150/family for the week. This contribution is due at the time you pre-register and mail in your form below. *Remember that the full cost of your child's care is much higher than your cost.* Thus, the Sessions Committee would appreciate any contribution you can make beyond the minimum contribution. Childcare reservations completed after June 7 or made on site will be arranged on an availability basis - if the provider does not have the staff to handle additional children, you may not be permitted to enroll them after that time. Knowing the number of children expected aids in arranging for adequate staffing and supplies.

**Registration:** All children attending childcare programs must be pre-registered. Return the form on the next page or visit the Registrar's office **before** taking your child to University UMC. Attendants do not accept payments. Complete the registration form on page 3, then mail the registration and payment to the Conference Registrar at

JENNIFER GAYLORD  
 ANNUAL CONFERENCE REGISTRATION  
 PO BOX 292  
 BEN LOMOND, CA 95005-0292



Checks should be made payable to the California-Pacific Annual Conference.

**Schedule:** A parent or authorized caregiver must be registered and in attendance at Conference sessions or on staff at all times when children are in childcare. The schedule corresponds to the Conference sessions as closely as possible:

Wednesday: 12:15 PM - 5:15 PM  
 7:15 PM - 9:15 PM  
 Thursday-Saturday: 8:15 AM - 12:15 PM  
 1:45 PM - 5:45 PM  
 7:15 PM - 9:15 PM

**Supplies:** If your child is 18 months or under, parents need to provide suitable equipment for naptime (port-a-crib, playpen, etc.) for use in the childcare center. Additionally, please provide appropriate diaper supplies if your child is not fully potty-trained.

Please call or e-mail the Registrar if you have questions. Keep a copy of your registration for your reference before mailing in the second page. Jennifer can be reached at 626-755-5751 or by e-mail at jgaylord@cal-pac.org.

## CHILD CARE RESERVATION FORM

(please complete a separate form for each child)

1. Child's Name \_\_\_\_\_
2. Child's Age in June \_\_\_\_\_
3. Caregiver's Name \_\_\_\_\_ (attending Annual Conference sessions)
4. Contact Phone Number (during Annual Conference) \_\_\_\_\_  
 (mobile phone or pager where the childcare center can reach a parent/guardian/caregiver who is in Redlands)
5. Please print the names of other parents/guardians/caregivers authorized to check child out of the childcare center:  
 \_\_\_\_\_
6. Please list any special needs or requirements for this child, as well as any limiting activities (including swimming):  
 \_\_\_\_\_
7. Please circle the days and times you expect to need childcare for this child:

WEDNESDAY June 18	THURSDAY June 19	FRIDAY June 20	SATURDAY June 21
<i>Afternoon</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>
<i>Evening</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>
	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>

8. Calculate minimum contribution toward this child's care:

# days care is requested*	
	X \$20.00
<b>TOTAL MINIMUM CONTRIBUTION FOR THIS CHILD**:</b>	

\* A day consists of the entire day or any part thereof. The minimum contribution toward your child's care should be calculated based on using any part of a single day.  
 \*\* If you are registering two or more children, your minimum contribution will be a maximum of \$150.00.

9. Enter the total contribution (your minimum contribution plus any additional amount you can contribute here:

You are not required to pay more than \$150 per family, but any additional contributions will help offset the estimated cost of \$600 per child.

**CALIFORNIA-PACIFIC ANNUAL CONFERENCE  
MEDICAL AUTHORIZATION AND LIABILITY RELEASE  
for children and youth**

**This form must be on file with the Registrar for every minor (up to age 18) at Annual Conference,  
whether the minor is participating in Conference programs or not.  
A reproduced copy of this document is considered valid.**

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DATE OF EVENT: June \_\_\_\_\_, 20\_\_\_\_ through June \_\_\_\_\_, 20\_\_\_\_

MINOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AGE (at beginning of event): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HEALTH INSURANCE:  
COMPANY NAME: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_ GROUP NO.: \_\_\_\_\_

DOCTOR'S NAME & PHONE: \_\_\_\_\_

MEDICAL INFORMATION:  
My/Our child has the following medical conditions. **(Include food and other allergies. If NONE, please so state.):**

\_\_\_\_\_

RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION:

1. I/We have read provided guidelines and requirements for children & youth at Annual Conference and will abide by them.
2. I/We give my/our permission for my/our child to participate in all regular activities within the structured programs of the Annual Conference, including swimming, but NOT INCLUDING \_\_\_\_\_
3. I/We give authorization pursuant to Family Code Section 6910 for any adult member of the Medical Staff of this Session of the California-Pacific Annual Conference of The United Methodist Church (CPACUMC) to consent to any medical attention, treatment, medication, surgery or hospital care to rendered to my/our minor son/daughter under the general and special supervision and upon the advice of a physician licensed under the Medical Practices Act of the State of California. I/We have medical, health or accident insurance for my/our child.
4. I/We fully and forever absolve and release the CPACUMC, its members, officers, agents, employees, volunteers, successors and assigns, and each of them, of and from any and all responsibility, liability or both, for any and all bodily injuries, damages, or property damage or loss sustained by my/our son/daughter while participating in any planned activity of the CPACUMC or traveling to or from. This release does not apply to intentional acts or gross negligence on the part of any individual performing service for CPACUMC in connection with any activity, but shall apply to all other bases of liability.
5. I/We indemnify the CPACUMC and each of its members, officers, agents, employees, volunteers, successors and assigns and hold them harmless from all claims, suits, liabilities and actions of every kind and nature for any and all injuries, damages or both, occurring because of the negligent or intentional acts of my/our son/daughter while engaged in the activity or in transit to and from.

SIGNATURE OF PARENT(S) OR GUARDIANS	PRINTED NAME	DATE
_____	_____	_____
_____	_____	_____