



**A CONFERENCE FOR FAMILIES OF CHILDREN
WITH SPECIAL NEEDS
AND THE PROFESSIONALS WHO WORK WITH THEM**

Saturday, November 5, 2016
Hylton High School
14051 Spriggs Road
Woodbridge, VA 22193
8:00 a.m. until 3:30 p.m.

CHILDCARE REGISTRATION FORM
A separate form must be completed for each child.
PLEASE PRINT CLEARLY.

Name of Child _____ Birthdate _____ Age _____
(First Name) (Last Name) (Nickname)

Name of Parent(s) or Guardian _____ Cell Phone # _____

In case of emergency, we will first attempt to reach you in your scheduled workshop then by cell phone.

Type of disability _____

Does your child have seizures? Yes ___ No ___ How often? _____

Does your child have any allergic reactions to medications, food, etc? Yes ___ No ___ If yes, please list: _____

Does your child have special dietary needs? Yes ___ No ___ If yes, please list: _____

Are there any physical or emotional problems/behaviors about which the Conference Childcare Coordinator should be aware ? _____

We look forward to caring for your child on the day of the conference.
Below is a list of guidelines that will help make the day run more smoothly.

1. **Lunch and snacks will NOT be provided. Please bring labeled food for your child.** Do not include peanut butter or other nut products in your child's lunch. We **DO NOT** have access to a microwave or refrigerator. Juice and water will be provided.
2. **DO NOT** bring toys for your children as we cannot guarantee their return. Toys will be provided.
3. Label all belongings (i.e. diaper bag, clothing, etc.) clearly.
4. Bring a change of clothing and diapers if needed.
5. We cannot administer medication or g-tube feedings. If these are needed during conference hours, please come to childcare to administer.

I have read and understand the childcare guidelines.

Signature

Date