

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

Saturday, November 3, 2018 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	d(First Name)	(Last Name)	(Nickname)	Birthdate	Age
				Cell Phone #	
		, we will first attempt to i			
	, ,			•	•
		YesNoHow often			
Does your chi	ild use a wheelchair	r? Yes NoOthe	r mobility aids:		
		c reactions to medication			
Does your chi	lld have special diet	tary needs? YesNo _			
_	potty trained? Yes_ physical or emotion	No nal problems/behaviors a			
		look forward to caring for is a list of guidelines that			
1.	peanut butter or	cks will <u>NOT</u> be provided other nut products in you ce and water will be provided to the provided that will	ur child's lunch. We DO	d food for your child. I NOT have access to a	Do not include microwave or
2.	DO NOT bring	toys for your children a	as we cannot guaranteε	e their return. Toys wi	ll be provided.
3.	Label all belongi	ings (i.e. diaper bag, clot	hing, etc.) clearly.		
4.	Bring a change o	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.				nce hours,
I have read and understand the childcare guidelines.					
		Signature		Date	