

**CHILD CARE
NORTHWEST TEXAS ANNUAL CONFERENCE
LUBBOCK, TEXAS - JUNE 9-11, 2016**

In an effort to provide quality child care for Annual Conference, a team of parents, headed-up by Rev. Donald and Erin Ward, have helped plan this year's child care. The primary care will take place at St. John's UMC, 1501 S. University, where there will be planned activities for those who reserve child care during Annual Conference. Two meals, Chick-fil-A Children's Meals, will be available for a \$5 per child charge.

On Friday evening, child care will be provided at First UMC, Lubbock, 13th and Ave N, for the UMW Dinner and the Ordination Service. If parents wish to bring their children early, they will be asked to bring a fast food meal for their children.

Fill out "Child Care Registration" Form and mail with check for meals reserved (made payable to Lubbock District Office of The UMC) by May 27, 2016, to:

Lubbock District Office of the UMC
3403 21st Street
Lubbock, TX 79410

**CHILD CARE REGISTRATION
NORTHWEST TEXAS ANNUAL CONFERENCE
LUBBOCK, TEXAS - JUNE 9-11, 2016**

of Children

Thursday, June 9

**12:45 p.m. to 5:00 p.m.
at St. John's UMC
1501 S. University**

- _____ Infant through 18 months
- _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old t 12 years old

5:00 p.m. to 7:15 p.m. - Chick-fil-A Children's Meal provided for \$5 per child

**at St. John's UMC
1501 S. University**

- _____ Infant through 18 months (parents furnish food)

of Meals @ \$5

- _____ 19 months through 3 years old _____ X \$5 = _____
- _____ 4 years old through 6 years old _____ X \$5 = _____
- _____ 7 years old through 9 years old _____ X \$5 = _____
- _____ 10 years old to 12 years old _____ X \$5 = _____

**7:15 p.m. to 9:30 p.m.
at St. John's UMC
1501 S. University**

- _____ Infant through 18 months
- _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

Friday, June 10

**8:15 a.m. to 12:00 noon
at St. John's UMC
1501 S. University**

- _____ Infant through 18 months
- _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

12:00 noon to 1:45 p.m. - Chick-fil-A Children's Meal provided for \$5 per child

**at St. John's UMC
1501 S. University**

- _____ Infant through 18 months (parents furnish food)

of Meals @ \$5

- _____ 19 months through 3 years old _____ X \$5 = _____
- _____ 4 years old through 6 years old _____ X \$5 = _____
- _____ 7 years old through 9 years old _____ X \$5 = _____
- _____ 10 years old to 12 years old _____ X \$5 = _____

**1:45 p.m. to 5:15 p.m.
at St. John's UMC
1501 S. University**

- _____ Infant through 18 months
- _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

5:15 p.m. to 7:00 p.m. – Parents may bring fast food meal for their children

- First UMC _____ Infant through 18 months
- 13th and Ave N _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

7:15 p.m. to 9:30 p.m.

- First UMC _____ Infant through 18 months
- 13th and Ave N _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

Saturday, June 9

8:15 a.m. to 12:00 noon

- at St. John’s UMC _____ Infant through 18 months
- 1501 S. University _____ 19 months through 3 years old
- _____ 4 years old through 6 years old
- _____ 7 years old through 9 years old
- _____ 10 years old to 12 years old

Primary Contact

Name _____ Cell Phone # _____

Additional Contact

Name _____ Cell Phone # _____

Children to be in Child Care

Child’s Name _____ Age _____

Notes, Medications, Allergies _____

Child’s Name _____ Age _____

Notes, Medications, Allergies _____

Child’s Name _____ Age _____

Notes, Medications, Allergies _____

Child’s Name _____ Age _____

Notes, Medications, Allergies _____

Child’s Name _____ Age _____

Notes, Medications, Allergies _____

Total Meals needed _____ @ \$5. = _____ Enclose check for this amount, payable to:
Lubbock District Office of the UMC

Fill out registration form and mail with check to: Lubbock District Office of the UMC;
3403 – 21st Street; Lubbock, TX 79410 by Friday, May 27, 2016.