National Federation of the Blind of Nebraska

Child Care Registration Form

•Daily Rate: $20 for one child, $10 for each additional child.

•Completed form and fees must be received on or before March 5, 2023.

•Send completed forms to president@ne.nfb.org.

•If financial assistance is needed please contact President Richey.

Child Care Hours:

•Friday, March 24th: 8:30 a.m. to 5:30 p.m.

•Saturday, March 25th: 8:30 a.m. to 5:30 p.m. and 6:30 p.m. to 10:00 p.m.

•Sunday, March 26th: 8:30 a.m. to Noon

Child Care Rules:

•Children MUST be checked in and out of the room by a childcare worker.

•Please pick up your children no later than 15 minutes after the listed time.

•If your child needs medication of any kind, you will be responsible for administering the medication throughout the day.

•Toys and activities will be provided for the children’s enjoyment. We recommend that only needed items be brought to childcare.

•Please label your children’s diaper bag, backpack and/or other belongings.

Please complete all fields

Parent/Guardian Name:

Mobile Phone Number:

Do You Receive Text Messages?

Please select the number of children you wish to register.

Child(ren) First Name and Age:

Illnesses/Health Issues:

Lunch and snacks will be provided each day. Please list any food allergies or special diets:

Please indicate the days/times you are needing care:

In the event of an emergency, childcare staff have my permission to call an ambulance or take my child(ren) to any available physician or hospital at my expense and to obtain medical treatment for my child(ren). In most emergencies, 911 is called and the child is transported to the nearest hospital and seen by the Doctor on call. (Parents are always notified as soon as possible). This permission is effective the date this form is signed and continues for the duration of my child(ren)'s enrollment at Child Care.

Medical Release Response: ---Yes, I agree. ---No, I do not agree.

I understand that there may be an occasion while in the care of childcare that photographs of my child(ren) may be taken. I hereby give my permission for these photographs to be used as the National Federation of the Blind of Nebraska deems appropriate for publicity purposes.

Media Release Response: ---Yes, I agree. ---No, I do not agree.

I understand that childcare is being provided as a service to make our convention more enjoyable for both parents and children. We will pick up children immediately following sessions. We understand that if our child(ren) does not follow the rules or if for any reason staff is unable to care for our child(ren), further access to childcare will be denied.

Child Care Agreement Response: ---Yes, I agree. ---No, I do not agree.

Signature: Date: