



2010 WORLD CONFERENCE DAY CARE REGISTRATION FORM

▶ **Limited to children ages six weeks to five years old**

▶ **Parent/Guardian Provides:**

- Identification for pick-up
- Blanket and pillow
- Diapers and wipes
- Prepared bottles

**Space is limited and
must be secured by
March 1, 2010**

Care is located at Stone Church and provided by TLC Caregivers (www.TLCKansascity.com)

CONTACT INFORMATION
Parent/Guardian Name _____
Street Address _____
City _____
State/Province _____
Country _____
Zip/Postal Code _____
Daytime Phone _____
Evening Phone _____
E-mail Address _____
Fax Number _____

FEES
\$200 per child for weekday service. <i>Snacks will be provided but no meals are included.</i>
\$20 per child per shift for weekends/ evenings. <i>Check which sessions your child will attend.</i>

CHILD INFORMATION
Name _____
Child's Age _____
Food Allergies _____
Special Needs _____
Potty Trained <input type="checkbox"/> Yes <input type="checkbox"/> No

DAY CARE SCHEDULE	
+ Weekday Service—\$200 for the whole week	
* Weekends/Evenings—\$20 per session	
Saturday, April 10	<input type="checkbox"/> 10:30 a.m.–1:00 p.m.* <input type="checkbox"/> 1:30 p.m.–4:30 p.m.* <input type="checkbox"/> 6:00 p.m.–8:30 p.m.*
Sunday, April 11	<input type="checkbox"/> 1:30 p.m.–4:30 p.m.* <input type="checkbox"/> 6:30 p.m.–9:00 p.m.*
Monday, April 12	+ 7:30 a.m.–12:15 p.m. + 1:30 p.m.–5:30 p.m. <input type="checkbox"/> 6:00 p.m.–9:00 p.m.*
Tuesday, April 13	+ 7:30 a.m.–12:15 p.m. + 1:30 p.m.–5:45 p.m. <input type="checkbox"/> 6:45 p.m.–9:15 p.m.*
Wednesday, April 14	+ 7:30 a.m.–12:15 p.m. + 1:30 p.m.–6:00 p.m.
Thursday, April 15	+ 8:00 a.m.–12:15 p.m. + 1:30 p.m.–4:30 p.m. <input type="checkbox"/> 6:00 p.m.–9:00 p.m.*
Friday, April 16	+ 7:30 a.m.–12:15 p.m. + 1:30 p.m.–4:30 p.m. <input type="checkbox"/> 7:00 p.m.–9:30 p.m.*
Saturday, April 17	<input type="checkbox"/> 8:00 a.m.–12:30 p.m.*
Total Weekend and Evening Sessions	_____ @ \$20 each

GRAND TOTAL	
Weekday Daycare Fee @ \$200	\$
Weekend/Evening Sessions @ \$20 each	\$
Grand Total (U.S. Dollars)	\$

PAYMENT INFORMATION	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> CARD NUMBER	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> EXP. DATE
CARDHOLDER'S NAME (PLEASE PRINT) _____	
SIGNATURE _____	

Please return to:
 World Conference Registration
 1001 W. Walnut
 Independence, MO 64050-3562 USA
 Fax: (816) 521-3050