

Greater Milwaukee Synod Assembly 2025

Child Care Form

PARENT'S NAME _____

CELL PHONE # _____

[please keep your phone on vibrate in case we need to contact you]

HOME CONGREGATION _____

CHILD/REN'S NAMES & AGES

1. _____

2. _____

3. _____

I EXPECT TO USE CHILDCARE: (our providers are there all hours - we encourage you to use childcare as much as possible!)

____ Friday afternoon (3:45 - 5:15 pm)

____ Friday evening (5:15 - 9:00 pm)

____ Saturday morning (7:45 am - 1:00 pm)

____ Saturday afternoon (1:00 pm - end of plenary 3)

Please list any medical, diet or personal information [e.g. allergies to foods, medical conditions, etc] that our care providers would benefit from knowing as they care for your child/ren today.

Important things to know:

1. *Please keep your cell phone on vibrate in case that we need to contact you during the conference.*
2. ***Please see our pre-assembly emails for more information on assembly meals.***
3. *NO child will be released to anyone other than the adult whose name is on your child care registration form.*
4. *Please send your child with small losable/shareable toys, diapers and wipes, snacks and any special foods required, and a blanket for resting.*

We have provided toys and activities for your child and will care for them as best we can. All childcare providers have had a background check. By signing this form, you are indicating that you are in partnership with us and that you waive and release all claims of any injury against volunteers or employees of the Greater Milwaukee Synod.

Parent Signature _____ Date _____

Bump & Bruise Report