



Children's Conference Care Inc. (CCCI) is proud to be providing childcare for the Alpha Phi Omega Fraternity, Sunday, December 28 through Tuesday, December 30<sup>th</sup> at the Sheraton, Boston. You can have the freedom to attend and enjoy this year's National Convention while your children have fun and make new friends.

The program is mainly for children ages three to twelve. A few of the sessions will be available for teens and children ages one and two. We are sorry, but there will be no child care for those under the age of one. Openings for the youngest group will be offered on a "first come, first serve basis", therefore it's advisable to forward your registration and payment as soon as possible.

CCCI is the only company in the New England area that offers childcare for conferences, school reunions and holidays. We employ a professional staff who love working with children. We plan age appropriate activities for all ages. Many children who participate in our program have compared their experience to attending summer camp.

Kindly review the enclosed materials. Complete the registration and medical/release form, and return to us with your payment, no later than November 10, 2008. Either FAX (with credit card information) to 781-444-1025 or mail to: CCCI, PO Box 920776, Needham, MA 02492.

We are happy to be able to offer you the opportunity to bring your children with you. If you have any questions or concerns, e-mail us at [info@childrensconferencecare.com](mailto:info@childrensconferencecare.com) or call 617-492-6925. Also, check out our website at [www.childrensconferencecare.com](http://www.childrensconferencecare.com).

# APO 2008 CONFERENCE CHILDCARE REGISTRATION FORM

Parents'/guardians' names: \_\_\_\_\_

H. Phone: (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

W. Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

**Snacks are included for all sessions. Note that pricing is per child. Please indicate # of children per session and total.**

<u>Sunday, December 28</u>		<u>#</u>	<u>\$ Total</u>
<b>Ages 1 &amp; 2</b> (Meals are included)	9:30 AM - 2:00 PM @ \$55.00	_____	_____
	9:30 AM - 4:30 PM @ \$80.00	_____	_____
	5:30 PM - 9:30 PM @ \$50.00	_____	_____
<b>Ages 3-12</b> (Meals are included)	9:30 AM - 2:00 PM @ \$45.00	_____	_____
	9:30 AM - 4:30 PM @ \$65.00	_____	_____
	5:30 PM - 9:30 PM @ \$40.00	_____	_____
<b>Ages 13 - up</b> (Bring \$ for lunch at food court) (Dinner is included)	9:30 AM - 2:00 PM @ \$25.00	_____	_____
	9:30 AM - 4:30 PM @ \$30.00	_____	_____
	5:30 PM - 9:30 PM @ \$30.00	_____	_____

**Monday, December 29**

**Ages 3-12** 8:30 AM - 12:15 PM @ \$30.00 \_\_\_\_\_  
(Snacks only for both sessions) 1:00 PM - 5:00 PM @ \$30.00 \_\_\_\_\_

**Tuesday, December 30**

**Ages 1 & 2** 6:30 PM - 11:30 PM @ \$60.00 \_\_\_\_\_  
(Dinner is included)

**Ages 3-12** 8:30 AM - 12:15 PM @ \$30.00 \_\_\_\_\_  
(Daytime includes snacks) 1:00 PM - 5:00 PM @ \$30.00 \_\_\_\_\_  
(Dinner is included) 6:30 PM - 11:30 PM @ \$50.00 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Payment: AMEX \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Check \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp.(Mo/Yr.) \_\_\_\_/\_\_\_\_

Name as appears on card \_\_\_\_\_ Date \_\_\_\_\_

There is no pro-rating for anyone who wishes to attend part of a session, or refunds for “no shows” or those who choose to leave early. Registration deadline is **November 10**.

Checks should be made payable to **Children’s Conference Care, Inc. (CCCI)**.  
Either FAX to 781-444-1025 or mail to: CCCI, PO Box 920776, Needham, MA 02492.

# APO 2008 CONFERENCE RELEASE FORM

Please complete a separate form for each child you register with us.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Other authorized adult who can pick up: \_\_\_\_\_

Is your child allergic to anything, currently on medication, on a restricted diet or has any special needs we should be aware of?

Include any information (particularly for younger children) you think would be helpful in making your child's time with us more comfortable (i.e. napping, toileting, temperament, likes and dislikes). Please use back of sheet for more room.

**MEDICAL RELEASE:** I hereby give permission and authorize Children's Conference Care, Inc. (CCCI) to administer first aid or secure proper medical treatment for my child. In the event of a medical situation every effort will be made to reach me. In case of an emergency, I understand that CCCI expects that each child will be covered by medical insurance and/or parents/guardians will assume all financial responsibilities for any costs incurred.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE (OPTIONAL):** I hereby grant permission for the use of photographs or video of my child and, without limitation, to use such pictures and/or stories in connection with Children's Conference Care. If permission is granted then CCCI is released from whatever claims that may arise in said regard.

Parent /Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL PARENTAL RELEASE (FOR CHILDREN 13 AND OLDER):** I hereby grant permission for my child to leave the CCCI program without adult supervision. CCCI staff will not be held responsible for your child once they leave the program and will be released from claims that may arise. If permission is granted, CCCI will allow your child to leave unescorted.

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No child will be accepted into the program without these forms completed and signed.**

# **APO 2008 CONFERENCE**

## **PARENT FACT SHEET**

**Please read the following information carefully, complete the registration and medical/release forms and return to CCCI Inc. with payment by November 10, 2008.**

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- Registration for children under age 3 is limited. We have space for only 9 children in this age group. We are not accepting any children less than a year old.
- Registration and all release forms must be completed prior to a child's participation in the program. A separate form must be completed for each child.
- For security purposes a photo ID will be required. Only parents or authorized adults (as noted on medical/release form) will be permitted to remove a child.
- Only "well children" can participate. CCCI staff does not administer medication.
- For cancellations made on or before November 10, there will be a 100% percent refund of fees. For cancellations received after that date, there will be a 50% refund only if notification is given by either E-mail or phone. There will be no refunds for "no shows." This policy is to insure that we have adequate staffing at the time of the program.
- Children should be dressed in comfortable clothing and sneakers. We may ask that you leave outdoor clothing if we choose to take a walk, weather permitting.
- Parents are responsible for providing diapers, wipes, a change of clothes and any special food, if appropriate. Please label all of your children's belongings.
- "Nut free" snacks will be provided. Some sessions include meals.
- Ten dollars will be charged for every fifteen minutes children are picked up late.
- There is no pro-rating if you drop off late or pick up before the end of a session.

### **DISCIPLINE POLICY**

Children will be expected to follow the rules of the program. The staff at Children's Conference Care, Inc. (CCCI) requests that you discuss the information below with your child. You and your child should understand that while participating in the program, CCCI staff is in charge. Any rules and/or instructions that are made by a staff member are to be followed. Children will not be permitted to leave the program anytime during the day, unless accompanied by their parent or have a signed release. The staff will do everything possible to be understanding and forgiving. However, in the event that there is a disciplinary problem that cannot be resolved, parents will be notified.