



2009 General Convention Children's Programs July 6-17, 2009

- Infants
- Toddlers
- School Age Children

Join Us in Anaheim
For a Wonderful Southern California Summer Experience

The Episcopal Diocese of Los Angeles
&
The Children's Ministries Office of the Evangelism
and Congregational Life Center
are very pleased to offer:

- Quality childcare for Infants and Toddlers
- An active and engaging program for Older Toddlers and Preschoolers
- A wonderful and exciting experience
for Children entering Kindergarten through Sixth Grades

Space is limited. Please register today at
www.episcopalchurch.org/children

HOW TO REGISTER A SCHOOL AGE CHILD

We are happy to work with you and your family during the 2009 General Convention in Anaheim. In order to better serve you we ask that you complete the checklist below of the forms needed for the School Age Program.

Please make sure they are filled out completely and then sent to:

The Episcopal Diocese of L.A.
Attention: General Convention Children's Program
840 Echo Park
Los Angeles, CA 90026

Checks should be made out to:
Episcopal Diocese of Los Angeles

And on the memo line, please write:
GC Convention Program – School Age

- School Age Registration Form
- Media Release form
- Parental Affirmation
- Waiver and Release
- Medical Consent
- Medication Form
- Field Trip Form
- Electronic Device Release
- Health History



**“All strangers who come
should be welcomed as if they were Christ”
St. Benedict**

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SCHOOL AGE ENROLLMENT FORM

Full Name of Child: _____

Name wanted on name tag _____

Age: _____ Grade in Fall: _____ Birthdate: ____/____/____

Home

Address: _____

Street

City

State

Zip

Sponsoring Church and Location: _____

Address while at convention:

Street

City

State

Zip

Home Phone: _____

Cell Phone: _____

Phone Number while at convention: _____

Emergency Phone Numbers: _____

Parent(s) Name: _____

Parent(s) Business Phone: _____

Email address _____

Parent(s) Name: _____

Parent(s) Business Phone: _____

Email address _____

Dietary needs _____

Allergies: _____

Other special needs* _____

*Examples: Hearing Impaired; Physical Disabilities (movement and games in a gymnasium are structured into the program); ESL; Learning Disabilities; etc.

Please check the boxes that apply to you

#1 I will attend all 12 days

- Early Care + Regular Program Hours - most days begin at 7am, but check schedule below (cost \$480)
- Regular Program Hours - most days begin at 9am, but check schedule below (cost \$390)
- Special Thursday night 7/16 (\$20)

Total cost for all ten days _____

#2 I will attend the following days

Monday, July 6th

- Afternoon only 1:30-5:30 p.m. (\$20)

Total cost for Monday 7/6 _____

Tuesday, July 7th

- All day, arriving at 7:45 am – 5:45 p.m. (\$45)
- All day, arriving at 9:00 am – 5:45 p.m. (\$35)
- Early Care only 7:45-9:00 a.m. (\$10)
- Morning only, arriving at 7:45 am – 1:00 p.m. (\$30)
- Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
- Afternoon only 1:00-5:45 p.m. (\$20)

Total cost for Tuesday 7/7 _____

Wednesday, July 8th

- All day, arriving at 7:45 am – 6:15 p.m. (\$45)
- All day, arriving at 9:00 am – 6:15 p.m. (\$35)
- Early care only 7:45-9:00 a.m. (\$10)
- Morning only, arriving at 7:45 am – 1:00 p.m. (\$30)
- Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
- Afternoon only 1:00-6:15 p.m. (\$20)

Total cost for Wednesday 7/8 _____

Thursday, July 9th

- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
- All day, arriving at 9:00 am – 6:15 p.m. (\$35)
- Early Care only 7:00-9:00 a.m. (\$10)
- Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
- Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
- Afternoon only 1:00-6:15 p.m. (\$20)

Total cost for Thursday 7/9 _____

Friday, July 10th

- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
- All day, arriving at 9:00 am – 6:15 p.m. (\$35)
- Early Care only 7:00-9:00 a.m. (\$10)
- Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
- Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
- Afternoon only 1:00-6:15 p.m. (\$20)

Total cost for Friday 7/10 _____

Saturday, July 11th

- All day, arriving at 7:00 am – 5:15 p.m. (\$45)
- All day, arriving at 9:00 am – 5:15 p.m. (\$35)
- Early Care only 7:00-9:00 a.m. (\$10)
- Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
- Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
- Afternoon only 1:00-5:15 p.m. (\$20)

Total cost for Saturday 7/11 _____

Sunday, July, 12th

- Afternoon only 2:30-6:15 p.m. (\$20)

Total cost for Sunday 7/12 _____

- Monday, July 13th
- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
 - All day, arriving at 9:00 am – 6:15 p.m. (\$35)
 - Early Care only 7:00-9:00 a.m. (\$10)
 - Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
 - Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
 - Afternoon only 1:00-6:15 p.m. (\$20)
- Total cost for Monday 7/13 _____

- Tuesday, July 14th
- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
 - All day, arriving at 9:00 am – 6:15 p.m. (\$35)
 - Early Care only 7:00-9:00 a.m. (\$10)
 - Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
 - Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
 - Afternoon only 1:00-6:15 p.m. (\$20)
- Total cost for Tuesday 7/14 _____

- Wednesday, July 15th
- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
 - All day, arriving at 9:00 am – 6:15 p.m. (\$35)
 - Early Care only 7:00-9:00 a.m. (\$10)
 - Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
 - Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
 - Afternoon only 1:00-6:15 p.m. (\$20)
- Total cost for Wednesday 7/15 _____

- Thursday, July 16th
- All day, arriving at 7:00 am – 6:15 p.m. (\$45)
 - All day, arriving at 9:00 am – 6:15 p.m. (\$35)
 - Early Care only 7:00-9:00 a.m. (\$10)
 - Morning only, arriving at 7:00 am – 1:00 p.m. (\$30)
 - Morning only, arriving at 9:00 am – 1:00 p.m. (\$20)
 - Afternoon only 1:00-6:15 p.m. (\$20)
 - Special Evening only 7:15 – 10:15 p.m. (\$20)
- Total cost for Thursday 7/16 _____

- Friday, July 17th
- All day, arriving at 8:30 am – 6:15 p.m. (\$35)
 - Morning only, arriving at 8:30 am – 1:00 p.m. (\$20)
 - Afternoon only 1:00-6:15 p.m. (\$20)
- Total cost for Friday 8/17 _____

Total cost of enrollment _____
 (25% registration deposit required _____) non refundable
 Amount enclosed _____

Make checks payable to *Episcopal Diocese of Los Angeles*
Balance will be due by July 1st, 2009

Scholarship funds are available. Please contact Susan Bek, Coordinator of Children's Program
 GC 2009, susan_bek@yahoo.com

Registrations, Deposit and Balance should be mailed to:
 Diocese of Los Angeles
 Attention: General Convention Children's Program
 840 Echo Park Ave
 Los Angeles, CA 90026



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MEDIA RELEASE FORM

On behalf of _____, (the "Minor Child"), the undersigned parent does agree to grant to the Domestic and Foreign Missionary Society ("The Society") and the Episcopal Diocese of Los Angeles (the "Diocese"), permission to record on film, video tape, or audio tape, the participation of the Minor Child in the General Convention Children's program sponsored by the Diocese in connection with the General Convention of the Protestant Episcopal Church of the United States of America at the Anaheim Convention Center, Anaheim, California, July 6-17th, 2009. The undersigned parent further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the Society or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

_____, 2009

Date

Parent/Guardian Signature

Necessary for all participants under the age of 18



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PARENTAL AFFIRMATION

I, _____, do hereby affirm to The Episcopal Diocese of Los Angeles that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in the Children's Program of General Convention of the Protestant Episcopal Church of the United States of America in Anaheim, California July 6-17th, 2009.

Date: _____

Signed: _____

Relationship to child: _____



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WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold members of the Episcopal Diocese of Los Angeles, its officers, directors, employees, representatives, agents and affiliates, assigns and successors and the staff of the General Convention Children’s Program from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the Children’s Program of General Convention of the Protestant Episcopal Church of the United States of America in Anaheim, California July 6-17th, 2009. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of the General Convention Children’s Program or sustained before, during or after the General Convention Children’s Program unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the Diocese or the staff of the General Convention Children’s Program.

I understand that, without limitation of the foregoing, neither the Diocese of Los Angeles nor the General Convention Children’s Program shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of the General Convention’s Children’s Program for whatever reason. Neither the Diocese of Los Angeles nor the General Convention Children’s Program shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Date: _____, 2009

Parent/Guardian Signature

MEDICAL CONSENT FORM

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in the **General Convention Children's Program** in Anaheim, California, July 6th – 17th, 2009.

We (I) authorize an adult, in whose care the above named minor has been entrusted by us or by a staff member of the **General Convention Children's Program**, to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

PLEASE FILL OUT THE FOLLOWING INFORMATION

Do you have hospital insurance? Yes No (please check one)

Insurance Company: _____

Policy Number: _____

Please list any allergies, medical problems, current medications, etc. you think would be important for us to know about*:

**please note that there is a more complete health history that must also be completed*

Date: _____, 2009

Parent(s) Signature: _____

Parent(s) Signature: _____

Medication Form

NAME OF CHILD:
BIRTHDATE:
DIAGNOSIS:
MEDICATIONS: If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.
DOSAGE TO BE GIVEN DURING PROGRAM: TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN:
If the student is taking more than one medication, list sequence in which medications are to be taken _____
_____ _____
<i>Physician Name (Print or Type)</i> <i>Physician Signature</i> <i>Telephone or Fax</i> <i>Date</i>
<i>Parent or Guardian Name (Print or Type)</i> <i>Parent or Guardian Signature</i> <i>Telephone</i> <i>Date</i>



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FIELD TRIP PERMISSION

I, _____, Parent/Guardian, on behalf of
_____ give permission for my minor child to
participate in *General Convention Children's Program* activities taking place off site from the
Anaheim Convention Center, Anaheim, California. I understand that transportation to and from
these activities will be provided for my child by the *General Convention Children's Program*. I
understand that the field trips are part of the *General Convention Children's Program* and if I
choose to not have my child participate in one or more off site activities, that other child care
arrangements will need to be made by me for my child during the times of that field trip activity.

Date: _____, 2009

Parent/Guardian Signature

ELECTRONIC DEVICE POLICY

Electronic Devices: i-Pods, MP-3 players, PSP players, cell phones, cameras and other types of electronic equipment may not be used during regular group time. They will be able to be used during free time. If they are brought to the program these items must be placed in students' bags and remain there until free time or an adult gives permission to the child.

The General Convention Children's program will not be held responsible for any theft or loss of the above mentioned electronic devices.

I have discussed this policy with my child _____(child's name) and understand that any loss will be our responsibility.

Signed (Parent/Guardian) _____

Date _____

I have discussed this policy with my family and understand that any loss will be my responsibility.

Signed (Child) _____

Date _____

Today's Date:

Child's health history – parent's report

CHILD'S Name (Last, First, M.I.):		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
PARENT/GUARDIAN		DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?	
PARENT/GUARDIAN		DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN:		Date of last physical exam:	

HEALTH AND DEVELOPMENTAL HISTORY

Childhood illness:	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Asthma	<input type="checkbox"/>
	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Hay Fever	<input type="checkbox"/>
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Whooping Cough	
	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Ten- Day Measles (Rubeola)	<input type="checkbox"/> Three-Day Measles (Rubella)	
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia		
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox		
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>		

Specify any other serious or severe illnesses or accidents

Daily Routines (for infants and preschool-age children only)

What time does the child get up?	What time does the child go to bed?	Does the child sleep well?
Does the child sleep during the day?	When?	How long?

Diet Pattern

Meal	What does the child usually eat for this meal?	What is the usual time for this meal?
Breakfast		
Lunch		
Dinner		
Any food dislikes?		
Any eating problems?		

Is the child toilet trained?

Yes No

If yes at what stage?

Word used for bowel movement

Word used for urination?

Are bowel movements regular?

What is usual time?

Does the child take prescribed medications?		
Name the Drug	Strength	Frequency Taken

Does the child have any allergies to medications?	
Name the Drug	Reaction

Does the child use any special device(s)? (i.e. hearing aids, nebulizer, cochlear implants, etc)	
Name the Device	Reason for use

Does the child use any special device(s) at home? (i.e. nebulizer, orthodontic appliances, etc.)	
Name the Device	Reason for use

Describe your child's personality		
How does the child get along with parents, siblings and other children?		
Does the child have any special needs?		
Does the child have any special fears?		
What is the plan for care when the child is ill?		

Check if your child has had, any symptoms in the following areas to a significant degree and briefly explain.		
<input type="checkbox"/> Skin	<input type="checkbox"/> Chest/Heart	<input type="checkbox"/> Recent changes in:
<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Weight
<input type="checkbox"/> Ears	<input type="checkbox"/> Intestinal	<input type="checkbox"/> Energy level
<input type="checkbox"/> Nose	<input type="checkbox"/> Bladder	<input type="checkbox"/> Ability to sleep
<input type="checkbox"/> Throat	<input type="checkbox"/> Bowel	<input type="checkbox"/> Other pain/discomfort:
<input type="checkbox"/> Lungs	<input type="checkbox"/> Circulation	