***2017 Biennial Mission Summit***

***Child Care (6 months through age 7)***

Please register your child for all the sessions he/she will be attending. Pre-registration is necessary by June 12, 2017 for participation. On-site registration will be allowed **if space allows**. Additional details will follow from the Local Arrangements Committee. Thank you!

***The Sessions are as follows: Your child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Your child’s age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Friday, June 30:**

Morning Session; 8:30AM – 12:30PM ($25.00, includes snack and lunch) Yes or No

Afternoon Session; 1:00PM – 5:00PM ($15.00, includes snack) Yes or No

Evening Session; 6:30PM – 9:30PM ($15.00, includes snack) Yes or No

All Sessions ($50.00, includes snacks and lunch) Yes or No

**Friday: Amount Due $\_\_\_\_\_\_\_\_\_\_**

**Saturday, July 1:**

Morning Session; 8:30AM – 12:30PM ($25.00, includes snack and lunch) Yes or No

Afternoon Session; 1:00PM – 5:00PM ($15.00, includes snack) Yes or No

Evening Session; 6:30PM – 9:30PM ($15.00, includes snack) Yes or No

All Sessions ($50.00, includes snacks and lunch) Yes or No

**Saturday: Amount Due $\_\_\_\_\_\_\_\_**

**Sunday, July 2:**

Morning Session; 8:30AM – 12:30PM ($25.00, includes snack and lunch) Yes or No

Afternoon Session; 1:00PM – 5:00PM ($15.00, includes snack) Yes or No

Evening Session; 6:30PM – 9:30PM ($15.00, includes snack) Yes or No

All Sessions ($50.00, includes snacks and lunch) Yes or No

**Sunday: Amount Due $\_\_\_\_\_\_\_\_\_\_**

**Total Amount Due: $\_\_\_\_\_\_\_\_\_\_\_\_**

***Please make checks payable to:*** American Baptist Churches USA

***Mail full payment and this registration form to:***

Kathy Young, Office of Travel & Conference Planning (kathy.young@abc-usa.org)

American Baptist Churches USA, P.O. Box 851, Valley Forge, PA 19482-0851

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please tell us of any food or other allergies your child may have about which we should be aware:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_