

CHILD CARE REQUEST FORM
For the October-27-28, 2017
Mission Presbytery Meeting

PARENTS NEED TO BRING:

- Your own meals for children, labeled
- Personal items, diapers, wipes, change of clothes and shoes, labeled

REGISTER:

We must know the name/s and ages of children by **Wednesday, October 11th, 2017** in order to provide quality child care for **INFANTS AND PRE-SCHOOLERS** on the campus of:

Parkway Presbyterian Church
3707 Santa Fe.
Corpus Christi, TX 78411

My child(ren) needs care on _____ **Friday** only, _____ **Saturday** only, _____ **Both** days

NOTIFY THE PRESBYTERY OFFICE: if you register for child care and then must cancel. The cost of professional child care workers is significant.

Name of Parent

Cell # with Area Code

Church and City

Names of child

Age of Child

Allergies

Names of child

Age of Child

Allergies

Names of child

Age of Child

Allergies

RETURN THIS FORM TO:

Mission Presbytery
Attn: Eleanor Wieters
7201 Broadway, Suite 303
San Antonio, Texas 78209
Fax: 210.826.0917
missionpby@missionpby.org