

**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 11<sup>th</sup>, 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.

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Name of Parent \_\_\_\_\_ Cell # with Area Code \_\_\_\_\_

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Church and City \_\_\_\_\_

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Names of child \_\_\_\_\_ Age of Child \_\_\_\_\_ Allergies \_\_\_\_\_

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Names of child \_\_\_\_\_ Age of Child \_\_\_\_\_ Allergies \_\_\_\_\_

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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](mailto:missionpby@missionpby.org)**