

CHILDREN'S SESSIONS REGISTRATION FORM

Please submit one for each child under high school age.

Child's Name: _____ Parent's Name: _____

Child's Age: _____ Child's Grade (Entering in Fall): _____

1) **Children's Session Schedule:** Please circle which sessions the child will be attending:

Morning (8:45 am-noon):	Thur Morning	Fri Morning	Sat Morning	Sun Morning
Afternoon (1:15-3:45 pm):	Wed Afternoon	Thur Afternoon	Fri Afternoon	Sat Afternoon
Evening (7:15-9:00 pm):	Wed Evening	Thur Evening	Sat Evening	

Note: Parents are expected to sign thier children in and out Children Session's programs

2) Does your child know how to swim? _____

3) What gifts or strengths does your child bring to a group?

4) Does your child have challenges/needs (physical, medical, social, emotions) that adults working with her/him can support in this group setting?

(Medical release form on reverse side)

EXPECTATIONS FOR YOUNG FRIENDS & PARENTS

In order to make Annual Sessions a meaningful and spiritual experience for all Friends, youth and adults, the following expectations have been written to help young people and their parents know what is expected of them. By making these expectations clear, misunderstandings can be avoided and everyone can have an edifying and nurturing experience.

Parents are responsible for supervising their children during all times that are not designated as Children's Sessions program times, including meals, all-ages programs, and overnight. Families are encouraged to share in the care of their children—taking turns supervising children will allow the children to play and the adults to have thier own time.

- The Children's Sessions programs are planned assuming that all young Friends who are registered will participate.
- Parents should notify the Children's Sessions staff if their child will not attend any of the sessions that attendance had been indicated on the registration form (above).
- A simple snack will be provided during the morning and evening sessions.
- If children choose not to attend or participate any of the Children's Sessions programs, their parents are responsible for them while the Children's Sessions program is going on.
- Parents should accompany children to Children's Sessions programs, sign them in and out when the program is over. Parents are expected to be on the ILYM campus at all times that their children are in an ILYM program unless specific arrangements are made.
- If any young Friend has special needs (dietary, physical, emotional, behavioral, etc.) that may require special attention, please let the Children's Sessions staff responsible for that age group know.
- If a child chooses not to participate in the program and is unable to refrain from disturbing others who are participating, his or her parent(s) will be sent for.
- It is important for adult Friends to discipline themselves to start and finish programs promptly. If they do not, parents may have to leave the adult program before it is over. It is important to remember that Children's Sessions are an integral program of Annual Sessions and not merely a service to accommodate adults while they attend programs.
- **Medical Release Forms** must be filled out for all children under 18. Please mail with the registration form or bring with you.

Medical Release Form

Submit a Medical Release form for each child under 18

Optional for adults.

(Please make a copy for each individual)

I give permission for my child named below to participate in the Illinois Yearly Meeting Children’s Sessions or High School Program and to participate in all planned program activities, both on and off campus. I hereby release Illinois Yearly Meeting, its staff, and volunteers from liability for any injury or illness that my child may experience during Yearly Meeting Annual Sessions. In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named sponsor, to consent to any medical or surgical care advised by licensed health care providers. I hereby release Illinois Yearly Meeting from any liability, legal or financial, for emergency care provided to my child. I expect to be informed of emergency care as soon as possible.

(Child's) Name _____ Birthdate _____

Activity restrictions _____

Known allergies _____

Date of last tetanus immunization _____

In event of emergency, please call:

Name _____ Phone _____

Name of insurance company _____ Policy number _____

Parent's signature _____ Date _____

(Please attach a copy of your insurance card)

SPONSOR INFORMATION

(Required for those under 18 attending without their parents.)

It is understood that the sponsor acts “in loco parentis.”

Sponsor’s name _____ Meeting _____

Parent’s signature _____