Children’s Conference Care Inc. (CCCI) is proud to be working with Clark University to provide childcare services for your family. You have the freedom to attend and enjoy this year’s Reunion while your children have fun and make new friends at Camp Clark. CCCI will be on campus Friday and Saturday evening May 15\textsuperscript{th} and 16\textsuperscript{th}, offering a fun-filled program, for children ages 3 and up.

CCCI is the only company in the New England area that offers childcare for reunions, conferences, conventions, and corporations. Our staff are trained professionals, all background checked, who love working with children. Our goal is to provide creative and stimulating hands-on activities that your children can enjoy in a safe environment.

Many children who have participated in our program have compared their experience to attending summer camp. Children will have the opportunity to participate in games and sports, outdoors (weather permitting), as well as indoor activities, board games and arts and crafts. Meals and snacks will be provided and the younger children will be able to rest or nap during the evening.

Please review the attached materials and complete the registration and medical release forms. Return all paperwork to us, with payment in full, no later than May 1, 2009. Since space may be limited, pre-registration is encouraged.

\textit{If using a credit card for payment, you can FAX to 781-444-1025 or scan your forms and E-mail them to the E-mail address below. If you choose to pay by check you can simply mail to: CCCI, PO Box 920776, Needham, MA 02492.}

We are happy to be able to offer you the opportunity to bring your family with you, show them off to your friends and enjoy being together at Clark. We look forward to meeting you. Feel free to check out our website at \url{www.childrensconferencecare.com}. If you require additional forms or have any immediate questions or concerns E-mail us at \url{info@childrensconferencecare.com} or call 617-492-6925.
CAMP CLARK
CHILDCARE REGISTRATION FORM

Parent/guardian name:__________________________________ Class Yr._____________
Address:__________________________________________City:___________State:_______Zip:_________
E-mail:____________________________________________Hm. ph:(     )_____Wk. ph: (     )_______

Child’s name:________________________________________ Age:_____________
Child’s name:________________________________________ Age:_____________
Child’s name:________________________________________ Age:_____________

<table>
<thead>
<tr>
<th>DATE</th>
<th>SESSION HOURS</th>
<th>COST</th>
<th># OF CHILDREN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, May 15</td>
<td>6:00 PM – 11:00 PM</td>
<td>$40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday, May 16</td>
<td>8:00 AM - Noon</td>
<td>$32</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2:00 PM – 5:00 PM</td>
<td>$24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5:00 PM - Midnight</td>
<td>$60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday discount</td>
<td>All Saturday sessions</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fees are per child.
Meals are included.

Late fee ______
($15 after 5/1/09)

TOTAL $______

AMEX _____ MasterCard _____ Visa ______ Check _____ Exp.(Mo/Yr.)______/______

Credit card #____________________________ Name on card _____________________

Checks should be made payable to Children’s Conference Care, Inc. (CCCI).
Space in the program is not guaranteed after May 1, 2009

E-mail: info@childrensconferencecare.com (617) 492-6925
PO Box 920776, Needham, MA 02492-0008 (781) 444-1025 FAX
CAMP CLARK
MEDICAL/RELEASE FORM

Child’s name:__________________________________________ DOB:________________

Parent/guardian name:_____________________________________________________

Authorized adult (other than yourself) who can pick up:_________________________

Is your child allergic to anything, currently on medication, on a restricted diet or has any special needs we should be aware of?

Include any information below you think would be helpful in making your child’s time with us more comfortable (e.g. bedtime, temperament, likes and dislikes).

MEDICAL RELEASE: I, (print name) _________________________________, give permission and authorize CCCI to administer first aid or secure proper medical treatment for my child. In the event of a medical situation every effort will be made to reach me. In case of an emergency, I understand that CCCI expects each child will be covered by medical insurance and/or parents will assume financial responsibilities for costs incurred.

Parent/guardian’s signature:__________________________ Date:________________

MEDIA RELEASE. I hereby grant permission for the use of photographs or video of my child(ren) and, without limitation, to use such pictures and/or stories in connection with CCCI or Clark University purposes. If permission is granted then CCCI and Clark are released from whatever claims that may arise.

Parent/guardian’s signature:__________________________ Date:________________

A separate form must be completed for each child you register.

E-mail: info@childrensconferencecare.com (617) 492-6925
PO Box 920776, Needham, MA 02492-0008 (781) 444-1025 FAX
Please keep handy for reference. Complete the registration and a separate medical/release form for each child you register and return to CCCI with payment, no later than May 1, 2009. After that date a $15.00 late fee will be added.

- Pre-registration is recommended. Space may be limited; registrations are accepted on a “first come, first serve” basis. We will allow drop-ins @ $15 per hour for a 3 hour minimum, only if there is room in the program and adequate teacher ratios.

- We will not accept children less than 3 years of age.

- There will be no pro-rating, refunds/partial refunds if a child does not stay the session.

- For cancellations made on or before May 1, there will be a 100% percent refund of session fees only. For cancellations received after May 1 there will be a 50% refund in session fees only if notification is given by either E-mail or phone.

- CCCI will not administer medication. In the event of a medical emergency you will be contacted immediately. (Refer to medical release.) Please use good judgment. If your child does not feel well enough to attend school, don’t bring him/her to the program.

- Meals and snacks will be provided.

- For security purposes a photo ID (i.e. license) may be required for parents. Only parents/authorized adults (noted on medical form) will be permitted to remove a child.

- Parents must pick their children up on time! A fee of $10.00 will be charged for every fifteen minutes that a parent is late. We have the right to cancel your child’s participation if he/she is picked-up more than one hour after the end of a session.

- All children should be dressed in comfortable, loose fitting clothing, preferably wearing athletic shoes. Please include a sweatshirt or jacket for outdoors.

- You and your child should understand that while participating in the child care program they must remember that CCCI staff is in charge. Children will not be permitted to leave the program, unless accompanied by their parent. In the unlikely event that there is a disciplinary problem that cannot be resolved, parents will be notified.