

Childcare Registration

Please complete attached registration form and return to **Rickesha Jenkins** at rickesha.jenkins@floridaea.org. The cost is \$25 per child per day. For payment, please make a check or money order out to **Florida Education Association** and mail it to the address below.

**Florida Education Association
213 S Adams Street
Tallahassee, FL 32301
Attn: Rickesha Jenkins**

Child care will be available from:

**Friday: 7am to 11pm (breakfast, lunch, snack and dinner provided)
Saturday: 7am to 3:30 pm (Breakfast and lunch provided)**

Please have the application completed and payment mailed to Rickesha PRIOR to the delegate assembly. If you have any issues or questions, please reach out to Rickesha Jenkins.

SUPER SITTERS INC. CHILDCARE REGISTRATION FORM

Date:		Event:	
Parent Last Name (please print)		Parent First Name (please print)	
Parent Cell Phone		E-Mail:	
Emergency Contact:		Telephone:	
Child Information			
Name		Age	
Dietary Needs/Eating Instructions		Bottle or Breast Fed	
Allergies			
Is Your Child Taking Any Medication? Please specify			
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific.			
Name		Age	
Dietary Needs/Eating Instructions		Bottle or Breast Fed	
Allergies			
Is Your Child Taking Any Medication? Please specify			
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific.			
Name		Age	
Dietary Needs/Eating Instructions		Bottle or Breast Fed	
Allergies			
Is Your Child Taking Any Medication? Please specify			
Does your child(ren) have any special needs the sitter needs to be aware of? Please be specific.			
<p>I the undersigned adult agree to place my child/children or ward in the Super Sitters Inc. childcare program. For myself, my child/children or ward we hereby release and agree to indemnify and hold harmless Super Sitters Inc., and their respective officers, directors, agents, employees, assigns, contract laborers, and vendors and the owners and/or lessors of the facility or facilities where the childcare will be held (collectively "The Releasees") from any and all claims which may now or hereafter arise from my child/children's or ward's participation in the Super Sitters Inc. childcare program. We do not release claims arising from Releasees from any willful misconduct or gross negligence.</p>			
<p>I have read the above and understand this release. Furthermore, in the event of an emergency or health concern, Super Sitters, Inc. has my permission to administer first aid and or obtain emergency medical treatment for my child/children or ward. I agree to pay all expenses incurred due to an emergency involving my child/children or ward.</p>			
Parents Signature		Date	