Children’s Conference Care Inc. (CCCI) is proud to be working with the Alumnae Association of Smith College (AASC) for the 6th consecutive year. You will have the freedom to attend and enjoy this year’s Reunion evenings while your children have fun and make new friends. CCCI will be on site at Unity House on Bedford Terrace, offering hands-on programs and activities, on Friday and Saturday evenings from 5:00 – 10:00 PM during both Reunion weekends.

CCCI is the only company in the New England area that specializes in childcare for reunions, conferences, conventions, and corporations. We employ a staff of trained professionals who love working with children. Our goal is to provide creative and stimulating activities that your children can enjoy in a safe environment.

Children who have participated in our program have compared their experience to attending summer camp. There are age appropriate activities planned for everyone. Throughout the evening you can find youngsters engaged in sports as well as board games and arts and crafts. After storytelling and watching a video the younger ones are encouraged to snuggle up and close their eyes.

Please review the enclosed materials; complete the registration and a separate medical/release form for each child. Return all completed paperwork to us, with payment in full. Since space may be limited, pre-registration is encouraged.

Parents will be responsible for a nominal fee of $20 per child, per session. This year the AASC has generously offered to help defray the cost of childcare services by assuming all other programming–related expenses.

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. We look forward to meeting you in May. If you require additional forms or have any immediate questions or concerns, please feel free to check out our website at www.childrensconferencecare.com or E-mail: info@childrensconferencecare.com.
SMITH COLLEGE
2008 REUNION
REGISTRATION FORM

Reunion Weekend I

Parent/guardian name:_______________________________________ Class Yr:_________

Address:___________________________________________ City:__________ State:______ Zip:_________

E-mail:__________________ Hm. ph:(        )__________Cell 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 16, 2008</td>
<td>5:00 pm – 10:00 pm</td>
<td>$20.00</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Saturday, May 17, 2008</td>
<td>5:00 pm – 10:00 pm</td>
<td>$20.00</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Dinner/snacks will be provided both evenings.

TOTAL $_______

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

Credit Card # ____________________ Name on card __________________________

Checks should be made payable to Children's Conference Care, Inc. (CCCI).
Registration deadline is May 1, 2008.
SMITH COLLEGE
2008 REUNION
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 or on a restricted diet? Does he/she have 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 that each child will be covered by medical insurance and/or parents will assume all financial responsibilities for any costs incurred.

Parent/guardian’s signature:___________________________________Date:_________________

MEDIA/PHOTOGRAPHIC RELEASE: I hereby do ______ do not ______ grant permission for the use of photographs of the aforementioned child and, without limitation, to use such pictures and/or stories in print or electronic media in connection with Children’s Conference Care, Inc. If permission is granted, Children’s Conference Care, Inc. is released from whatever claims that may arise in said regard.

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
The childcare program will be located at Unity House on Bedford Terrace. Please read the following information carefully, complete the registration and a separate medical/release form for each child you register and return with payment.

- There is a $20 flat fee for each child you register, per session. Once we receive your completed registration, you will receive a confirmation via E-mail. There will be no pro-rating or partial refunds if a child does not stay the entire session.

- Pre-registration is recommended. Registration deadline is May 1, 2008. Only if we feel that there is room in the program and adequate teacher/child ratios, we will grant entrance to late registrants and drop-ins.

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

- 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. This policy is to insure that we have adequate staffing at the time of the program.

- CCCI will not administer any 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, please don’t bring him or her to the program.

- Dinner and snacks will be provided for all sessions.

- For security purposes a photo ID (i.e. license) will be required for parents. Only parents or authorized adults (as 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 in future sessions 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 and sneakers. Please include a sweatshirt or jacket for outdoor play.

- You and your child should understand that while participating in the child care program provided by Children’s Conference Care, Inc., the CCCI staff is in charge. Children should be aware that any rules that are made by staff members are to be followed. 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.

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