



Parenting Conference Registration Form

Name: _____

(Include spouse's name, if attending together)

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Select the breakout seminars you would like to attend:

(Choose 1 for each session, to help us determine the room size needed)

Breakout 1: Friday (5/10), 7:45-9:00pm

- Foster/Adopt Parenting pt. 1 - *Todd & Lisa Nighswonger*
- Grandparenting - *Bob & Sandy Ferguson*
- Parenting 5-12 year-olds - *Jon & Keri Reid*
- Parenting Special Needs Children - *Steve & Melissa Bundy*
- Parenting Teenagers - *Chris & Dawn Hay*

Breakout 2: Saturday (5/11), 9:15-10:30am

- Foster/Adopt Parenting pt. 2 - *Domingo & Irene Garcia*
- Parenting Adult Children - *Bob & Pam Gross*
- Parenting in Blended Families - *Pat & Linda McCoy*
- Parenting Preschoolers - *Rick & Heidi Buonauro*
- Single Parenting - *Ed Lopez*

Would you be willing to serve? (check the area)

- Registration booth (during weekend services, April 14-May 5)
- Set Up / Tear Down
- Decorating
- Food Service

Childcare :

Available for Infant-6th Grade. Children must be pre-registered, and space is limited.

Fill out child information on the back →

Note: Special Needs childcare is only available on Friday Evening.

Cost: \$30 per couple/ \$15 per individual.

Registration ends Sunday, May 5th.

Office use only: Paid: \$ _____ Cash or Check # _____ (make check payable to Cornerstone)

Parenting Conference

Childcare Registration

Parent Cell Phone #: _____

This will be the primary way we will contact you during the conference, if necessary.
Please keep your phone with you and on vibrate.

Note: Children will be served pizza for dinner and donuts, bagels, fruit, etc. for breakfast.

Child 1

First Name: _____ Last Name: _____

Does this child normally attend children's ministry at Cornerstone? (circle) YES / NO

Gender: M / F Birthday: ___ / ___ / ___ Age: _____ Grade (if applicable): _____

Allergies: _____

Security Concerns, other comments: _____

Child 2

First Name: _____ Last Name: _____

Does this child normally attend children's ministry at Cornerstone? (circle) YES / NO

Gender: M / F Birthday: ___ / ___ / ___ Age: _____ Grade (if applicable): _____

Allergies: _____

Security Concerns, other comments: _____

Child 3

First Name: _____ Last Name: _____

Does this child normally attend children's ministry at Cornerstone? YES / NO

Gender: M / F Birthday: ___ / ___ / ___ Age: _____ Grade (if applicable): _____

Allergies: _____

Security Concerns, other comments: _____

Enter information for additional children on another form.