

Grace In The Wilderness Ministries
Presents...

***A Conference for Moms of
Special Needs Children***
September 9, 2017 9:30 AM-3:00 PM



***A Special
Day...***

Inspiration...

Pampering...

Helpful Resources...

...Networking
with Other
Moms

...Fun

...Breakout
Sessions

...Door Prizes

For Special Moms

***Childcare provided at Allegiant Pediatrics LLC
dba The Care Center
3400 C Anderson Road, Greenville, SC 29611***

BETHESDA UNITED METHODIST CHURCH
516 Piedmont Road, Easley, SC 29642

Sharon Hawkins (864) 380-2358; sharon@wildernessgrace.org

Valerie Hughes (864) 979-3897; valeriehughes13@ymail.com

**REGISTRATION REQUIRED. Visit www.wildernessgrace.org for More Information.
No Charge for Conference Registration for Special Moms. Childcare provided.**



***A Conference for Moms of
Special Needs Children
September 9, 2017 9:30 AM-3:00 PM***

REGISTRATION FORM

Name: _____

Address: _____

Email Address: _____

Please mail, fax or email
REGISTRATION FORM, CHILDCARE REGISTRATION
FORM and MEDICAL RELEASE to:

Grace In The Wilderness

PO Box 14848, Greenville, SC 29610

FAX (864) 295-9139, EMAIL: sharon@wildernessgrace.org

(Confirmation will be sent to you to the email address provided
above. If no email, it will be mailed to you. Confirmations
received after September 5 will be held at the Registration
Table at the Conference for pickup September 9, 2017.)

Conference Mission-

Allegiant Pediatrics LLC dba The Care Center

We are collecting wipes for Allegiant Pediatrics LLC dba The Care Center. This includes baby wipes and disinfecting wipes. Please bring to the Church the day of the conference if you would like to participate in our drive.

For More Information about Conference, etc., Please Contact:
Sharon Hawkins at (864) 380-2358, sharon@wildernessgrace.org

Childcare for the Conference
Allegiant Pediatrics LLC dba The Care Center
3400 C Anderson Road
Greenville, SC 29611
(864) 295-9890

Childcare Registration Form
Please complete one form per child

Your Name: _____ Cell #: _____

Child's Name: _____ DOB: _____

Male ___ Female ___ Diagnosis: _____

Allergies: _____

Medications: _____

Is your child potty trained? Yes ___ No ___

Emergency Contact Information:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

In case of emergency what hospital would you prefer? _____

Please describe your child's needs so that we provide the best possible care:

(i.e., feeding issues, positioning, etc.)

Also, any suggestions for care: calming techniques, special interests, favorite games, etc.

****To assist with dietary needs for the children, PLEASE SEND A BAG LUNCH AND SNACK for your child with their name clearly marked. We will have a microwave for heating up food and a refrigerator for keeping food chilled.****

If you have questions about Childcare for the Conference, please contact Valerie Hughes at (864) 979-3897, valeriehughes13@gmail.com

Release of Liability

I, _____, in consideration of my participation in the Grace In The Wilderness Conference 'A Special Day for Special Moms' on September 9, 2017 at Allegiant Pediatrics LLC dba The Care Center, Inc., 3400 C Anderson Road, Greenville, SC 29611, hereby release Allegiant Pediatrics LLC dba The Care Center, Inc., Bethesda United Methodist Church, Blue Ridge View Baptist Church and/or Grace In The Wilderness its officers, employees, volunteers, and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for any condition which may result from childcare. I am aware of the risks of participation, which include, but are not limited to, (the possibility of seizures, falling, choking). I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that Allegiant Pediatrics LLC dba The Care Center, Inc. does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my and/or my child's participation.

(Participant)

(Parent or guardian's signature if under 18)

(Date)

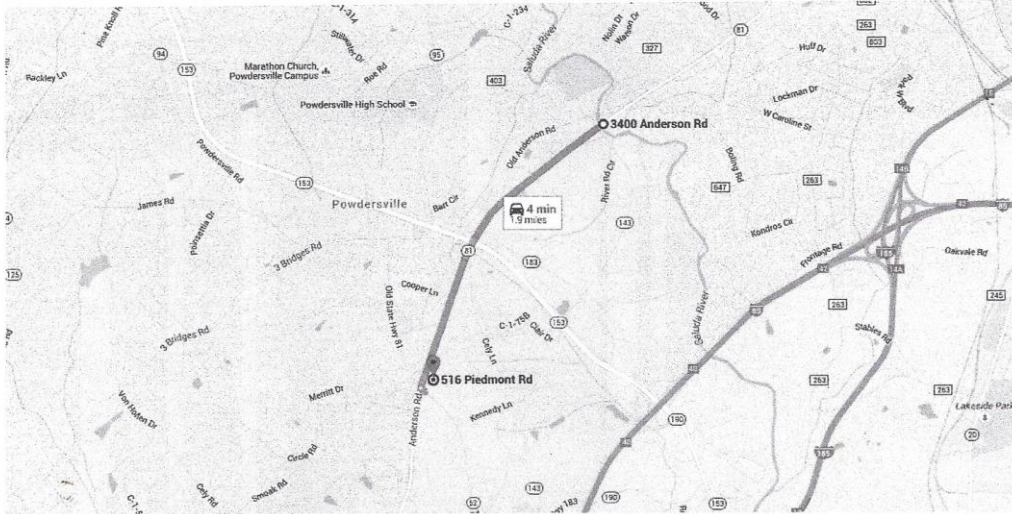
I authorize administering the following:
Medication: _____ Dosage: _____ Time: _____
Medication: _____ Dosage: _____ Time: _____
Medication: _____ Dosage: _____ Time: _____

Parent Signature

Date: _____



Directions from 3400 Anderson Rd to 516 Piedmont Rd



○ 3400 Anderson Rd
Greenville, SC 29611

- 1. Head southwest on SC-81 S/Anderson Rd toward C-1-39/Myers Ln
↑ 1.9 mi
- 2. Turn left onto Piedmont Rd
↙ Destination will be on the left
164 ft

○ 516 Piedmont Rd
Easley, SC 29642

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.