CHILD CARE SERVICE 89TH APSA Annual Meeting Washington, DC September 2-5, 1993

The American Political Science Association will sponsor a Child Care Service at the 89th Annual Meeting in Washington, DC. Child care will be available daily in the Washington Hilton and Towers from Thursday, September 2 to Sunday, September 5. The hours of operation are from 8:30 a.m. to 10:30 p.m. except on Sunday, September 6 when the hours of operation will be from 8:30 a.m. to 12:00 p.m.

To participate in the child care service, follow these instructions:

- 1. Complete the child care registration form below and submit it to APSA by July 17, 1993.
- 2. A \$25 fee is required for each registered child. Payment must be made with the submission of the child care registration form.
- 3. All registration forms and payments must be received at APSA by July 17, 1993. There will be limited on site registration. On site registration will require a \$40.00 fee per child.

"Club Kid" child care is available for unlimited use to children of registrants at the 1993 Annual Meeting. Parents will be asked to complete a tentative schedule following confirmation of their child care service registration. Nutritious snacks and beverages will be provided. Lunch and dinner must be provided by the parents. Diapers, special milk or formula, as well as any written special feeding instructions should be supplied by the parents.

	CHILD CARE REGISTRATION	FORM
Name of Parent:		
Home Address:		
Home Phone #:		
List child/children:		
name:	age:	weight:
name:	age:	weight:
name:	age:	weight:
	erson. In case of an emergency and	
telephone call will be placed to	the person listed below for notification	ation.
I, the parent/legal guardian of physician at, with, or from an above named child/children du	the person listed below for notificative city/state: the child/children listed above, here y accredited hospital to administer a	phone: phone: by give my consent to any licensed my medical care or medication to the tending the APSA Annual Meeting at
I, the parent/legal guardian of physician at, with, or from an above named child/children du	the person listed below for notificative city/state: the child/children listed above, here y accredited hospital to administer auring our absence from them while a wers, Washington DC, September 2	phone: phone: by give my consent to any licensed my medical care or medication to the tending the APSA Annual Meeting at
I, the parent/legal guardian of physician at, with, or from any above named child/children du the Washington Hilton and To	the person listed below for notificative city/state: the child/children listed above, here y accredited hospital to administer auring our absence from them while a wers, Washington DC, September 2	by give my consent to any licensed my medical care or medication to the ttending the APSA Annual Meeting at 2-5, 1993.

1527 New Hampshire Avenue, N.W. Washington, DC 20036