

Grace In The Wilderness Ministries  
Presents...

***A Conference for Moms of  
Special Needs Children***  
July 24, 2010 (9:30 AM-5:00 PM)



***Childcare provided at The Care Center  
3400 C Anderson Road, Greenville, SC 29611***

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**MT. AIRY BAPTIST CHURCH**

210 Mount Airy Church Road, Easley, SC 29642

Church Phone Number: (864) 295-3008

Sharon Hawkins (864) 380-2358; [sharon@wildernessgrace.org](mailto:sharon@wildernessgrace.org)

Marie Pritchett (864) 979-5281; [marie@wildernessgrace.org](mailto:marie@wildernessgrace.org)

Valerie Hughes (864) 979-3897; [valeriehughes13@ymail.org](mailto:valeriehughes13@ymail.org)

Kristin Propes (864)303-0133; [kbppta@yahoo.com](mailto:kbppta@yahoo.com)

Free Tickets Available. Please Complete and Return Forms Attached.

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# ***A Conference for Moms of Special Needs Children*** **July 24, 2010 (9:30 AM-5:00 PM)**

## TICKET ORDER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Tickets Free of Charge:

No. of Tickets Ordering

# \_\_\_\_\_

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 I would like to receive the Grace In The Wilderness Women's Bi-Monthly Email Newsletter. Email Address Required Above.

I would like to receive the Gracie's Way Teen Girl Quarterly Email Newsletter. Email Address Required Above.

Please send **TICKET ORDER FORM**  
and **CHILDCARE REGISTRATION FORM** to:

**Grace In The Wilderness Ministries**

**139 Commons Way, Greenville, SC 29611**

(Tickets will be mailed to the address provided above. Ticket orders received after July 20 will be held at the Registration Table at the Conference for pickup July 24, 2010.)

For More Information, Please Contact:

Sharon Hawkins at (864) 380-2358, [sharon@wildernessgrace.org](mailto:sharon@wildernessgrace.org) or  
Marie Pritchett at (864) 979-5281, [marie@wildernessgrace.org](mailto:marie@wildernessgrace.org)

Childcare Provided for the Conference at:

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.)

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**\*\*TO HELP WITH SPECIAL DIETARY NEEDS OF THE CHILDREN, WE ARE REQUESTING THAT MOMS PLEASE SEND A BAG LUNCH AND SNACK FOR YOUR CHILD. REFRIGERATOR AND MICROWAVE ARE AVAILABLE FOR COOLING AND WARMING.\*\***

If you have questions about Childcare for the Conference, please contact Valerie Hughes at (864) 979-3897, [valeriehughes13@ymail.org](mailto:valeriehughes13@ymail.org)