

Kansas East Conference Cooperative School of Christian Mission

Thursday, July 12, 2012 thru Saturday, July 14, 2012

Baker University, Baldwin City, KS

“That All May Have Life”

Studies include:

Immigration in the Bible – Spiritual Growth

Poverty - Issue

Haiti - Geographical

Questions: Contact

Dean Jean Reynolds 785-542-2301 or jeaneliz37@gmail.com

Assistant Dean Barbara Hunt 816-898-5688 or barbara.hunt135@gmail.com

Please keep this page for information

Children are to be picked up from nursery or class at the designated class ending time. If your class is running over time, please leave the class and go get your child. Teachers must have time to prepare for the next session and have a break. The youth and elementary class schedules will be available at check-in.

Registration fee must accompany the registration form when mailed to the treasurer. Room and board cost is due at check-in. If commuting, you must pay the registration fee when registering and may pay at registration for any meals you will eat on campus.

Early Registration Deadline: Postmarked by June 15, 2011. Add \$25 for regular registration if after June 15.

Sorry, No Walk-ins unless approved by Dean.

Please note: Baker University charges \$50 for a lost room key and \$25 for a lost lunch card, so be careful.

Refund policy: Total refund if cancellation is prior to June 15.
 Partial refund (room and meals only) if cancellation is made by July 11, 2011.

Birth date: In case of an emergency, your complete birth date is essential in quickly securing proper medical records. No one can anticipate a medical emergency. This information will be kept confidential.

What to bring: Towel/wash cloth Toiletries/soap Umbrella Tote Bag
 Sheet/Pillow case Bible Water cup/bottle Sweater
 Writing material Flashlight Alarm clock Comfortable walking shoes
 Pillow/Blanket Reading light

Emergency Phone numbers: Dean – Jean – 785-550-0990 Assistant Dean – Barbara – 816-898-5688

Schedule

Thursday, July 12

Friday, July 13

Saturday, July 14

7:30-9:30 Registration 9:45-10:00 Welcome 10:00-10:15 Opening Worship 10:20-11:20 Opening Plenary 11:30-12:00 Officer Update	7:00-8:00 Breakfast 8:15-8:30 Worship 8:30-9:30 Spiritual Growth 9:45-11:45 Class II	7:00-8:00 Breakfast 8:15-9:15 Plenary 9:30-10:30 Spiritual Growth 10:45-11:45 Class IV
12:15-1:15 Lunch* 1:00-1:15 Class Secretaries** 1:15-3:15 Class I 3:30-4:30 Spiritual Growth 4:35-5:00 Choir	12:00-1:00 Lunch 1:15-3:15 Spiritual Growth 3:30-4:30 Class III	12:00-1:00 Lunch 1:15-3:15 Class V Homeward Bound
5:00-6:00 Dinner 6:15-8:15 Spiritual Growth	5:00-6:00 Dinner 6:15-7:15 Spiritual Growth 7:30-8:15 Closing Worship/ Announcements 8:30 Board of Managers Meeting	

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*First Timers eat together with Dean Room at mealtime

District Fellowships – meet in the President’s

**Class Secretaries meet in Union Lobby

Thursday – Five Rivers (dinner)
Friday – Flint Hills (breakfast)

To tour the Quayle Bible Collection,
Call 785-594-8414

Friday – Kansas City (lunch)
Friday – Parsons (dinner)
Saturday – Topeka (breakfast)

**Kansas East Conference Cooperative School of Christian Mission
Adult Registration Form One Per Person Please!!!**

NAME: _____ DISTRICT: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ FIRST TIME? _____ LOCAL CHURCH: _____

DISTRICT OFFICER: _____ CONFERENCE OFFICER: _____ MALE: _____ FEMALE: _____ EMAIL: _____

Adults are registered for the Spiritual Growth Study: *Immigration in the Bible*

Choose one of the following for your second study-

Either _____ General Mission Study : Poverty

Or _____ Geographic Study : *Haiti* _____ I attended this study in 2011

Class size is limited, register early! You **MUST** go to the class and teacher you are assigned. **No changes on arrival.**

Residents: Preferred Roommate _____ Preferred Suitemate _____
_____ Health factors requiring consideration when assigning rooms:

Will you need a room on Wednesday night? Yes ___ No ___ Your residence hall card will serve as your meal ticket. Special needs for meal: _____

Meals: \$50.50

\$50.50

Registration Total \$100.00

Registration: \$100.00

Room Total _____

Room: \$21.00 per night – double occupancy

Meal Total

Total Due

Commuters: You will be issued tickets for your meals on campus: Special needs for meals: _____
_____ Please mark which meals you will be eating on campus: Thursday noon _____

Thursday evening ___ Friday breakfast ___ Friday noon ___ Friday evening ___ Saturday breakfast ___
Saturday noon ___ Meal costs are: Breakfast: \$5.50, Lunch \$7.50, and Dinners \$8.50.

Meal Total _____
Registration Total \$100.00
Total Due _____

For Residents and Commuters:

Total Paid

Balance Due

CHECKS PAYABLE TO: KEC COOPERATIVE SCHOOL OF CHRISTIAN MISSION
Early registration (due by June 15, 2012) is \$100.
Regular registration (after June 15) is \$125.

Mail this form and check to: Karen Smith, 916 Locust St, Alta Vista, KS 66834. Tele: 785-428-4444
E-mail: gkasmith@embarqmail.com
Registration questions: Judy Thompson, 991 22000 Road, Parsons, KS 67357, Tele: 620-428-4444
E-mail: judyt@wavewls.com

For Office use only
Amount paid _____
Amount due _____
Class _____
Instructor _____

Health Information

(one per attendee, please, adult, youth, elementary or nursery, resident or commuter)

Please indicate any health factors requiring special consideration when assigning rooms. Keep in mind there are no elevators in the dorms.

I have been or am currently being treated for:

Please list any medications, dosages and frequencies:

List Allergies: _____ Birth Date: _____

Insurance Co: _____ Group #: _____ ID#: _____

Physician's name and phone:

Emergency contact (name, address and phone):

Signature _____ Date _____

A copy of this form must be included with each registration form.

**KCE Cooperative School of Christian Mission
Nursery, Elementary and Youth Registration Form
(one per child/youth, please)**

Name: _____ Phone: _____

Address: _____ City: _____ St: ___ Zip: _____

Resident: _____ or Commuting Daily: _____ Roommate if
resident: _____

Name of parent/guardian attending with child/youth:

Nursery: (Birth to Pre-Kindergarten) _____ Elementary (Completed Grades K - 4) _____

Youth (Completed Grades 5-7) _____ High School Youth (Completed Grades 8 and above) _____
High School youth may choose to attend either the Youth School or the Adult School. The cost will remain the same.

Nursery (Resident and Commuters)	Registration Fee: \$30	Registration Total \$30
Total Due _____		

Elementary (Resident)	Rooms: \$21.00 per night Double occupancy	Room Total _____
	Meals: \$25.50	Meal Total \$25.50

Registration Fee: \$30

Registration Total \$30.00

Total Due

Elementary (Commuters) Please indicate which meals you will be eating on campus: Thursday noon ___

Thursday evening ___ Friday morning ___ Friday noon ___ Friday evening ___ Saturday morning ___ Saturday noon ___

Meal costs are: Breakfast: \$2.75; Lunch: \$3.75; and Dinner: \$4.25

Meal Total _____

Registration Total \$30.00

Total Due

Youth and High School (Resident) Rooms: \$21.00 per night Double occupancy Room Total

Meals: \$50.50

Meal Total

\$50.50

Registration Fee: \$50

Registration Total

\$50.00

Total Due

Youth and High School (Commuter) Please indicate which meals you will be eating on campus:

Thursday noon ___

Thursday evening ___ Friday morning ___ Friday noon ___ Friday evening ___ Saturday morning ___

Saturday noon ___

Meal costs are: Breakfast: \$5.50; Lunch: \$7.50; and Dinner: \$8.50

Meal Total _____

Registration Total \$50.00

Total Due

CHECKS PAYABLE TO: KEC COOPERATIVE SCHOOL OF CHRISTIAN MISSION POSTMARK BY: June 15, 2011

Mail this form and check to: Karen Smith, 916 Locust St, Alta Vista, KS 66834. Tele: 785-

E-mail: gkasmith@embarqmail.com

Registration questions: Judy Thompson, 991 22000 Road, Parsons, KS 67357, Tele: 620-

E-mail: judyt@wavewls.com

For Office use only

Amount paid _____

Amount due _____

Class _____

Instructor _____

Dorm room _____

Health Information

(one per attendee, please, adult, youth, elementary or nursery, resident or commuter)

Please indicate any health factors requiring special consideration when assigning rooms. Keep in mind there are no elevators in the dorms.

I have been or am currently being treated for:

Please list any medications, dosages and frequencies:

List Allergies: _____ Birth Date:

Insurance Co: _____ Group #: _____ ID#:

Physician's name and phone:

Emergency contact (name, address and phone):

Signature _____ Date _____

A copy of this form must be included with each registration form.

FIELD TRIP RELEASE FORM (FOR ELEMENTARY AND YOUTH UNDER AGE 18)

I hereby give permission for (first) _____ (last) _____

To participate in the United Methodist enterprise for which he/she is enrolled and do not hold the enterprise of the Kansas East Conference responsible for sickness, injury, or death resulting from the child's physical unfitness to participate in the enterprise activities. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the event director designated by the Conference to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent Signature

Date