



# RELEASE for 2017 CHILDCARE SERVICES

MESA does not provide on-site childcare, however, registered MESA attendees can hire a local service or family member to care for their children during the Annual Meeting and MESA will reimburse up to \$200 of the expenses.

Provided below is information for a local in-room childcare provider. MESA is simply offering this info as a convenience, makes no representation as to the honesty, reliability or competence of any childcare provider and disclaims all responsibility for the actions of any such provider.



**The Educated Babysitter**  
**240-210-5868**  
[www.theeducatedbabysitter.org](http://www.theeducatedbabysitter.org)  
[schooltcha@gmail.com](mailto:schooltcha@gmail.com)

- \$15 per hour for up to 2 children (siblings)
- \$17.50 per hour for babies (under 1 year old)
- 3 hour daily minimum + transportation fee

Please visit website for additional fees & info

## RELEASE

This release must be completed and returned to the MESA Secretariat by **December 31, 2017**, along with any receipts for which you are requesting reimbursement. Note: If you choose to have a friend or family member care for your child(ren), please have them complete the attached receipt.

*Upon using the above service, a different service, or a family member/friend, I agree to release MESA, including its Board of Directors and staff, from any liability arising from use of such providers.*

Signature	Date	
Name:		
Address:		
City	State	Zip
Email		

Please fax completed release & supporting receipts to 520-207-3166, email to [rose@mesana.org](mailto:rose@mesana.org), or send via postal service to:

Rose Veneklasen  
Middle East Studies Association  
3542 N Geronimo Ave  
Tucson AZ 85705

For office use only	
<input type="checkbox"/>	Registered
<input type="checkbox"/>	Waiver
<input type="checkbox"/>	Receipt(s)

# MESA Childcare Receipt

Payment of \$\_\_\_\_\_ has been received from (Parent's Name) \_\_\_\_\_  
for childcare services provided during Middle East Studies Association's (MESA) annual  
meeting on the following Dates of Service: \_\_\_\_\_

\_\_\_\_\_  
Name of childcare provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of provider

\_\_\_\_\_  
Date

