CHILD CARE REGISTRATION FORM

**Childcare if held, will be on-site at the Whistler Conference Centre in Whistler Village for children up to 14 years of age**

**Children must be registered before the deadline of November 10, 2022**

**Telephone: (780) 930-3075 Fax: (780) 486-0671 E-mail:** **Marilyn.Romanow@unifor.org**

Program Name: **Unifor BC Regional Council 2022**

Date:

**(indicate dates childcare required)**

**CHILD INFORMATION**

Child’s Full Name:

Address:

Number Street City Province Postal Code

Gender:

Birthday:

day / month / year

Name(s) of people to whom the child may be released:

# PARENT INFORMATION

Name of Parent/Guardian:

Local:

Address (if different from above):

Street City Province Postal Code

Home phone: Work phone

Cell phone: Email:

# MEDICAL INFORMATION

Child’s health card number and initials:

Is your child receiving any medication on an ongoing basis? Yes No

If yes, describe what the medication is for and times it needs to be taken:

Does your child suffer from any medical conditions such as allergies, asthma, or disease?

Yes No

If yes, please list and explain in detail the medical condition(s):

Does your child have any dietary restrictions? Yes No

If yes, please explain:

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Syndrome, Cerebral Palsy? Yes No

If yes, please list and explain in detail the special need:

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain her/his safety and the safety of the other children? Yes No

If yes, please list and explain in detail the behavioural issues/concerns:

Is your child physically able to take part in all program activities? Yes No

If no, please list restrictions:

**CONSENT**

Do you grant permission for your son/daughter/ward to participate on short supervised walks

or excursions within a 2 km radius from the Unifor Child Care facility in Port Elgin or the city the program is taking place in?

Yes No

In case of a medical emergency, every effort will be made to contact the child’s parent(s) or guardian(s).

In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child?

Yes No

In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child?

Yes No

The Unifor Child Care Service is a high profile program, do you hereby grant permission for your

son/daughter/ward to be taped or photographed by public media or Unifor public relations?

Yes No

Signature of Parent/Guardian:

Date:

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