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| ELIGIBILITYChildminding services are available to elected officials of UBCM members ONLY. The daycare agreement is made directly between the Agency, West Childcare Connection, and the parent. FEEThere is a nominal fee of $30 per day/per child + GST for the entire day or any partial day. Lunch and snacks are included, as well as short walks and/or activities in the surrounding area outside of the hotel. Breakfast is NOT included. Please ensure that your child is fed before attending.REGISTRATIONThis registration package MUST be returned to Raisa Jose, Events and Corporate Operations, at rjose@ubcm.ca by AUGUST 16, 2024. Please ensure that all pages of the registration package are completed. Please contact Raisa if you have any questions. |
| Please indicate with a  (check mark) the specific dates you require childminding. If you require day care outside of these hours, please arrange directly with West Childcare Connection at 778.991.4443. |
|  | **Date of Care** | **Time Available** |
|  | Monday, September 16 | 7:30 am to 5:30 pm |
|  | Tuesday, September 17 | 7:00 am to 5:30 pm |
|  | Wednesday, September 18 | 7:00 am to 5:30 pm |
|  | Thursday, September 19 | 7:00 am to 5:30 pm |
|  | Friday, September 20 | 7:00 am to 1:00 pm |

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| REGISTRATION & INSTRUCTIONS FOR: |  |

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| NAME CHILD #1 | **DOB** | **AGE** |
| NAME CHILD #2 | **DOB** | **AGE** |
| NAME CHILD #3 | **DOB** | **AGE** |

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| PARENT(S) /GUARDIAN(S): | CELL NUMBER (S):(DURING CONVENTION)EMAIL: HOTEL: |

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| OTHER INDIVIDUAL WHO MAY PICK UP FROM THE CHILDMINDING ROOMNAME:RELATIONSHIP:CELL NUMBER: |
| I understand that, under no circumstances, will my child/children be released to anyone other than the individuals listed above:? Parent’s Signature: Date: |

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| WALKS OR FIELD TRIPS – CONSENT TO PARTICIPATE |

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| I am aware that my child/children will always be accompanied by and will be under the supervision of the West Childcare Connection nannies and I agree/disagree with the following as indicated: (please  decision)My child/children may participate on short walks and/or activities in the surrounding area (outside of the hotel)Yes: No:? Parent’s Signature: Date: |

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| CHILD SPECIFIC INFORMATION: |

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| ALL ITEMS SUCH AS DIAPERS ARE TO BE SUPPLIED BY THE PARENT.In order to assist West Childcare Connection nannies in making your child/children’s day comfortable and enjoyable, please indicate her/his routine likes and dislikes relating to:**Nap/Rest Period (How long and when?)**CHILD #1: CHILD #2:CHILD #3:**Stroller (please state (A) whether required OR (B) whether you will provide one)**CHILD #1: CHILD #2:CHILD #3:**Additional Notes:** |

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| MEDICATION |

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| **IMPORTANT****Please note, West Childcare Connection is unable to give medications to children during the childcare hours.** **If you have a specific concern with this policy please reach out to UBCM to discuss.** |

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| EMERGENCY CONSENT FORM |

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| **CHILD #1 (FIRST & LAST NAME):** **DOB (YEAR / MONTH / DAY):****ADDRESS:****PARENT / GUARDIAN’S NAME:** **CELL PHONE: HOME PHONE:****CHILD’S DOCTOR: PHONE:****DATE OF MOST RECENT TENTANUS SHOT:** **ALLERGIES:****CARE CARD NUMBER:** Every attempt will be made, by West Childcare Connection nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, West Childcare Connection nannies will be unable to contact parents and need to get immediate help for the child. Their procedure is to take the child to the nearest emergency service.Please sign the consent below so that West Childcare Connection nannies can take the appropriate action on behalf of your child and bring this consent to the emergency centre.**I hereby give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, when ill to be taken to the nearest emergency centre by the West Childcare Connection nannies when I cannot be contacted.****I hereby give consent for my child named above to receive medical treatment.** **? Parent’s Signature: Date:** |

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| EMERGENCY CONSENT FORM |

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| **CHILD #2 (FIRST & LAST NAME):** **DOB (YEAR / MONTH / DAY):****ADDRESS:****PARENT / GUARDIAN’S NAME:** **CELL PHONE: HOME PHONE:****CHILD’S DOCTOR: PHONE:****DATE OF MOST RECENT TENTANUS SHOT:** **ALLERGIES:****CARE CARD NUMBER:** Every attempt will be made, by West Childcare Connection nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, West Childcare Connection nannies will be unable to contact parents and need to get immediate help for the child. Their procedure is to take the child to the nearest emergency service.Please sign the consent below so that West Childcare Connection nannies can take the appropriate action on behalf of your child and bring this consent to the emergency centre.**I hereby give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, when ill to be taken to the nearest emergency centre by the West Childcare Connection nannies when I cannot be contacted.****I hereby give consent for my child named above to receive medical treatment.** **? Parent’s Signature: Date:** |

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| EMERGENCY CONSENT FORM |

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| **CHILD #3 (FIRST & LAST NAME):** **DOB (YEAR / MONTH / DAY):****ADDRESS:****PARENT / GUARDIAN’S NAME:** **CELL PHONE: HOME PHONE:****CHILD’S DOCTOR: PHONE:****DATE OF MOST RECENT TENTANUS SHOT:** **ALLERGIES:****CARE CARD NUMBER:** Every attempt will be made, by West Childcare Connection nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, West Childcare Connection nannies will be unable to contact parents and need to get immediate help for the child. Their procedure is to take the child to the nearest emergency service.Please sign the consent below so that West Childcare Connection nannies can take the appropriate action on behalf of your child and bring this consent to the emergency centre.**I hereby give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, when ill to be taken to the nearest emergency centre by the West Childcare Connection nannies when I cannot be contacted.****I hereby give consent for my child named above to receive medical treatment.** **? Parent’s Signature: Date:** |

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| **SECTION BELOW TO BE COMPLETED BY PROGRAM ADMINISTRATORS** |
| **Reviewed By:** | Raisa Jose | **Yes**: | **Date**: |