



# CUPE ONTARIO On-Site Child Care Registration

Any delegate intending to bring their child(ren) to a conference, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES
Spring School	

CHILD'S NAME	Age	Medical Problems, Allergies or Special Care

### CONSENT

I, \_\_\_\_\_ (parent/guardian) hereby give permission for my child registered above to participate in various recreational and leisure activities offered by the trained staff of the On-Site Child Care during the period of the above-named conference.

### RELEASE OF RESPONSIBILITY

I, \_\_\_\_\_ (parent/guardian) hereby release CUPE Ontario from any and all claims for damages to the safety or health of my child registered above, howsoever caused, while participating in any activities of the On-Site Child Care during the period of the above-named conference.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Local No. \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

(please print)

**Please note on-site childcare will ONLY BE OFFERED if we have requests for a minimum of 4 children**

Please complete and return the above form

**BY FEBRUARY 10<sup>TH</sup>, 2017** to:

**On-Site Child Care Registration**

CUPE Ontario, 80 Commerce Valley Dr. E., Suite 1, Markham, ON L3T 0B2

Phone: 905-739-9739 Fax: 905-739-9740