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| ELIGIBILITYChild minding services are available to elected officials of UBCM members ONLY. The daycare agreement is made directly between the Agency, Babysitting Whistler, 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 Karen Slessor via tradeshow@ubcm.ca on or before FRIDAY, AUGUST 19, 2022. Please ensure that all pages of the registration package are completed. Please contact Karen if you have any questions. |
| Please indicate with a  (check mark) the specific dates you require child minding. If you require day care outside of these hours, please arrange directly with Babysitting Whistler at 1.888.906.2229. |
|  | **Date of Care** | **Time Available** |
|  | Monday, September 12 | 7:30 am to 5:30 pm |
|  | Tuesday, September 13 | 7:00 am to 5:30 pm |
|  | Wednesday, September 14 | 7:00 am to 5:00 pm |
|  | Thursday, September 15 | 7:00 am to 5:00 pm |
|  | Friday, September 16 | 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 CHILD MINDING 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 Babysitting Whistler 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, FORMULA, SPECIAL DIETARY REQUIREMENTS AND MEDICATIONS (must be in their original containers and clearly labeled) ARE TO BE SUPPLIED BY THE PARENT.In order to assist Babysitting Whistler nannies in making your child/children’s day comfortable and enjoyable, please indicate her/his routine likes and dislikes relating to:**Food (i.e. eating habits, feeding times)**CHILD #1: CHILD #2:CHILD #3:**Suggested lunch/snack items**CHILD #1: CHILD #2:CHILD #3:**Nap/Rest Period (How long and when?)**CHILD #1: CHILD #2:CHILD #3:**Preferred Activities: (games/books etc.)**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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| AUTHORIZATION TO ADMINISTER MEDICATION |

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| **IMPORTANT****ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS WITH INSTRUCTIONS.** **PRESCRIPTION MEDICATIONS MUST HAVE YOUR CHILD’S NAME ON THE LABEL.** |
| **CHILD #1 (FIRST & LAST NAME):** **BABYSITTING WHISTLER NANNIES HAVE MY PERMISSION TO:**Administer the following prescription medication/s to my child: Dosage instructions: Apply the following creams, lotions or ointments on my child: Application instructions: Apply the following sunscreen or sun block on my child: Application instructions:  |
| **CHILD #2 (FIRST & LAST NAME):** **BABYSITTING WHISTLER NANNIES HAVE MY PERMISSION TO:**Administer the following prescription medication/s to my child: Dosage instructions: Apply the following creams, lotions or ointments on my child: Application instructions: Apply the following sunscreen or sun block on my child: Application instructions:  |
| **CHILD #3 (FIRST & LAST NAME):****BABYSITTING WHISTLER NANNIES HAVE MY PERMISSION TO:**Administer the following prescription medication/s to my child: Dosage instructions: Apply the following creams, lotions or ointments on my child: Application instructions: Apply the following sunscreen or sun block on my child: Application instructions:  |
| **? Parent’s Signature: Date:** |

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| ASTHMA CARE PLAN & LIFE-THREATENING ALLERGY INFORMATION |
| **DOES YOUR CHILD/CHILDREN HAVE ASTHMA? (Please indicate with an  for each child)**CHILD #1: YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ CHILD #2 YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ CHILD #3: YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ **DOES YOUR CHILD/CHILDREN HAVE A LIFE-THREATENING ALLERGY?****(Please indicate with an  for each child)**CHILD #1: YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ CHILD #2 YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ CHILD #3: YES\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_ **\*\* IF YES IS INDICATED ABOVE,** Karen will follow-up to provide an ***ASTHMA CARE PLAN FORM*** or an ***ANAPHYLAXIS (Life Threatening Allergy) INFORMATION FORM*** that must also be completed and returned to UBCM before Babysitting Whistler will accept your child into the program. |
| 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 / MEDICATIONS:****CARE CARD NUMBER:** Every attempt will be made, by Babysitting Whistler nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Babysitting Whistler 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 Babysitting Whistler 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 Babysitting Whistler 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 / MEDICATIONS:****CARE CARD NUMBER:** Every attempt will be made, by Babysitting Whistler nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Babysitting Whistler 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 Babysitting Whistler 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 Babysitting Whistler 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 / MEDICATIONS:****CARE CARD NUMBER:** Every attempt will be made, by Babysitting Whistler nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Babysitting Whistler 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 Babysitting Whistler 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 Babysitting Whistler 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:** | Karen Slessor, for UBCM | **Yes**: | **Date**: |