CHILDMINDING REGISTRATION PACKAGE

ELIGIBILITY

Childminding services are available to UBCM member elected officials ONLY. The daycare agreement is made directly between the Agency (Birdie Break) and the parent. The Agency is responsible for providing, operating, and supervising the childminding services. UBCM's role is limited to facilitating access to those services. I acknowledge that participation in childminding services includes certain inherent risks, and I voluntarily assume such risks on behalf of my child. To the fullest extent permissible by law, I agree that neither UBCM nor its officers, directors, employees, volunteers, or agents shall be liable for injury, loss, damage, or expense arising from risks associated with utilizing the childminding services.

ILLNESSES

I agree that I will not utilize this childminding service if the enrolled child(s) is suffering from, has symptoms of, or has been diagnosed with any communicable or infectious illness, disease, or condition that may pose risk to the health and safety of other children in the care of the Agency, or those providing the childminding service. Further to that, I agree to notify the Agency and UBCM as soon as reasonably possible of any such illness.

FEE

There 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.

REGISTRATION

This registration package MUST be returned to Jackie-Deane Cowell, Events Coordinator at jdcowell@ubcm.ca by AUGUST 14, 2026. Please ensure that all pages of the registration package are completed. Please contact Jackie-Deane if you have any questions.

Please indicate with a ✔ (check mark) the specific dates you require childminding. Please indicated specific times required for care. If you require day care outside of these hours, please arrange directly with Birdie Break at (250) 881-5785.

✔	Date of Care	Time Available	Time Needed
☐	Monday, September 14th, 2026	7:30 am to 5:30 pm	
☐	Tuesday, September 15th, 2026	7:00 am to 5:30 pm	
☐	Wednesday, September 16th, 2026	7:00 am to 5:30 pm	
☐	Thursday, September 17th, 2026	7:00 am to 5:30 pm	
☐	Friday, September 18th, 2026	7:00 am to 1:00 pm	

REGISTRATION & INSTRUCTIONS FOR:		
NAME CHILD #1	**DOB**	**AGE**
NAME CHILD #2	**DOB**	**AGE**
NAME CHILD #3	**DOB**	**AGE**

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

CHILDMINDING REGISTRATION PACKAGE

OTHER INDIVIDUAL WHO MAY PICK UP FROM THE CHILDMINDING ROOM
NAME:
RELATIONSHIP:
CELL NUMBER:

WALKS OR FIELD TRIPS – CONSENT TO PARTICIPATE

I am aware that my child/children will always be accompanied by and will be under the supervision of the Birdie Break 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:**

CHILD SPECIFIC INFORMATION:

ALL ITEMS SUCH AS DIAPERS ARE TO BE SUPPLIED BY THE PARENT.

In order to assist Birdie Break 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)
***all children 2 and under must have either a stroller or car seat provided each day.**

CHILD #1:
CHILD #2:
CHILD #3:

Additional Notes:

MEDICATION

IMPORTANT

Please note, Birdie Break nannies are 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.

EMERGENCY CONSENT FORM

CHILD #1 (FIRST & LAST NAME):

DOB (YEAR / MONTH / DAY): **CARE CARD NUMBER:**

CHILDMINDING REGISTRATION PACKAGE

ADDRESS:

PARENT / GUARDIAN'S NAME:

CELL PHONE: **HOME PHONE:**

CHILD'S DOCTOR: **PHONE:**

DATE OF MOST RECENT TENTANUS SHOT:

ALLERGIES:

Every attempt will be made, by Birdie Break nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Birdie Break 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 Birdie Break 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 Birdie Break nannies when I cannot be contacted.

I hereby give consent for my child named above to receive medical treatment.

✍ **Parent's Signature:** **Date:**

EMERGENCY CONSENT FORM

CHILD #2 (FIRST & LAST NAME):

DOB (YEAR / MONTH / DAY): **CARE CARD NUMBER:**

ADDRESS:

PARENT / GUARDIAN'S NAME:

CELL PHONE: **HOME PHONE:**

CHILD'S DOCTOR: **PHONE:**

DATE OF MOST RECENT TENTANUS SHOT:

ALLERGIES:

CHILDMINDING REGISTRATION PACKAGE

Every attempt will be made, by Birdie Break nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Birdie Break 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 Birdie Break 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 Birdie Break nannies when I cannot be contacted.

I hereby give consent for my child named above to receive medical treatment.

✍ **Parent's Signature:** **Date:**

EMERGENCY CONSENT FORM

CHILD #3 (FIRST & LAST NAME):

DOB (YEAR / MONTH / DAY): **CARE CARD NUMBER:**

ADDRESS:

PARENT / GUARDIAN'S NAME:

CELL PHONE: **HOME PHONE:**

CHILD'S DOCTOR: **PHONE:**

DATE OF MOST RECENT TENTANUS SHOT:

ALLERGIES:

Every attempt will be made, by Birdie Break nannies, to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, Birdie Break 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 Birdie Break 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 Birdie Break nannies when I cannot be contacted.

I hereby give consent for my child named above to receive medical treatment.

✍ **Parent's Signature:** **Date:**

CHILDMINDING REGISTRATION PACKAGE

SECTION BELOW TO BE COMPLETED BY PROGRAM ADMINISTRATORS			
Reviewed By:	Jackie-Deane Cowell	**Yes**: ☐	**Date**: