



OFL ACCOMMODATION CONFERENCE
JUNE 21-JUNE 22, 2008

CHILD CARE REGISTRATION

Please Return by May 21, 2008.

Number of children requiring child care _____

Name _____ Age: ____ Sex: ____ OHIP# _____

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Does your child have any special dietary or medical requirements? _____

Does your child have a nap during the day? _____

I would allow my child (children) to participate in an excursion. _____

Any special requirements for your child (bottles, diapers, special food) should accompany the child.

Unfortunately, due to prohibitive costs, child care will ***not*** be provided if ***less than ten (10) children register***. If this happens, you will be contacted by phone.

RELEASE FORM [Please print clearly]

I hereby release the Ontario Federation of Labour from any and all claims for damages to the safety or health of my child, however caused.

Name of Delegate _____

Organization _____ Local _____

Address _____

City _____ Postal Code _____

Tel: _____ (w) _____ (h) E-mail _____

Signature of Parent or Guardian

Date

PLEASE RETURN TO: Sylvia Stewart, OFL, 15 Gervais Drive, 2nd Floor, Toronto, ON, M3C 1Y8.