

OFL Convention 2019
Child Care Provided by Network Child Care Services

Registration Form

Parent/Guardian's Full Name	Child's Full Name	Age
Phone #		
Phone #		
Child's Address:		
Emergency Contact:		Phone Number:

Parents **must provide reliable contact phone number(s)** that will be answered in case of emergency while at the OFL Convention.

	Yes	No
Permission to have cookies and water/juice:		
Medical Conditions, Allergies, or Exceptionalities (if yes please indicate):		
Face Painting:		

Time of Drop off: _____ Time of Pick up: _____

Password: _____

EMERGENCY MEDICAL SERVICES/TREATMENT CONSENT

In the event of an emergency situation resulting from an accident or illness while my child is in care at the OFL Convention, if I am not immediately available or cannot be immediately contacted, I consent for my child to be given the necessary care and/or treatment provided by a licensed physician or hospital where my child has been taken to. I understand that the staff will continue to contact me to inform me of the details of the emergency and any medical expenses incurred for such treatment are my responsibility.

Parent/Guardian's Signature: _____

SEND COMPLETED FORMS BY:

EMAIL: INFO@OFL.CA

MAIL TO: OFL, 15 GERVAIS DRIVE, SUITE 202, TORONTO, ON M3C 1Y8

ATTENTION: SUE FRATRIC

Network Child Care Services
756 Ossington Ave., Toronto, ON., M6G 3T9
T: 416-530-0722 F: 416-530-1924