

CHILD CARE REGISTRATION
2023 ANNUAL CONVENTION

CHILD'S NAME

AGE

TIME
FROM TO

FRIDAY, October 27, 2023

1:00 p.m. - 5:30 p.m.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SATURDAY, October 28, 2023

9:00 a.m. - 5:00 p.m.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUNDAY, October 29, 2023

9:00 a.m. - 12:00 p.m.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ALSO FILL OUT THE CHILD'S EMERGENCY INFORMATION
CARD (ON THE BACK OF THIS FORM) FOR EACH CHILD REGISTERED**

E-MAIL TO convention@saskndp.ca

(or mail to Sask NDP, 1122 Saskatchewan
Drive, Regina, SK, S4P 0C4)

BY OCTOBER 20, 2023

Submitted by

Address

Phone

Constituency

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date: _____
Year / Month / Day

Child's Name: _____

Personal Health Number: _____

Date of Birth: _____
Year / Month / Day

Group Medical Services or

Medical Services Incorporated Number: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home phone: _____

Home phone: _____

Business phone: _____

Business phone: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

Two other persons to contact in case of emergency:

1. Name: _____ 2. Name: _____

Relationship: _____

Relationship: _____

Home phone: _____

Home phone: _____

Business phone: _____

Business phone: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

Physician's name: _____ Phone: _____

Address: _____

(over)

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Check (✓) any of the following illnesses which the child has had:

☐ Asthma

☐ Earaches

☐ Measles (red)

☐ Tonsillitis

☐ Bronchitis

☐ Eczema

☐ Mumps

☐ Whooping cough

☐ Chicken pox

☐ Frequent colds

☐ Pneumonia

☐ Other _____

☐ Convulsions

☐ Influenza

☐ Polio

☐ Croup

☐ Injuries

☐ Rheumatic fever

☐ Diphtheria

☐ Measles (German)

☐ Scarlet fever

List all known allergies:

Drug

Food

Other

List all medications taken on a regular basis:

List all known medical conditions:

List any concerns/limitations in regards to this child's medical treatment:
