CONVENTION 2024 May 3-5 Fairmont Hotel Winnipeg



Child Care Registration

Parent(s)/Guardian full name(s)):	
Contact phone number :	Contact email:	
Child's full name:	Child's birth date:	Child's age:
Does your child have any medic	cal problems, allergies, or dietary restrictions that we s	should be aware of?
Please list any other informatio	on you feel would be helpful to our child care staff:	
Please remember the following		
 We will not release your child to anyone who does not have an ID number You will be paged at Convention if there is a problem 		
 You are expected to pick 	·	
 We will provide nutritiou 	• •	
•	nd large motor skill activities planned for your child.	
<u> </u>	ention – your children are in good hands!	
Consent and release statement	t:	
Recognizing that children playin	g even under close supervision will have occasional acci	dents, I hereby release, indemnify
and hold you, the caregivers, ha	rmless for any and all claims, damages, or liability for inj	uries or damage to my child,
which are not the result of negli	igence of you or are entirely beyond your control. By sig	ning, I declare I have read and
understood the above.		
Signature:	Date:	
For Office Use Only		
Identification number:	Staff initial:	

Friday: IN_____ OUT ____ Saturday: IN____OUT ____ Sunday: IN____ OUT ___