

ONLY COMPLETE IF YOU BRING YOUR CHILD(REN) TO THE EDUCATIONAL AND REQUIRE CHILD CARE AT THE RESORT.

NOTE: IF SPOUSE ATTENDS, CHILD CARE WILL NOT BE PROVIDED

REGISTRATION SHEET FOR CHILD CARE

This form **MUST BE** completed and returned if requesting Child Care at the hotel.

CHILD(REN)'S NAME

AGE

Does your child have allergies, medical or special care needs? If yes, please specify:

******* HAVE YOUR CHILD BRING A FAVOURITE TOY*******

Childcare will be available during the hours the educational is in progress.

Signature of parent: _____

Name of parent (print) _____

Address: _____

Phone: (Home) _____ (Business) _____

Please return this form with your application to be received by **Thursday, December 19, 2020**
4:30 pm to the **ORILLIA** Regional Office (FAX 705-325-0821)
or email: region3@opseu.org