

CHILD CARE REGISTRATION
2019 ANNUAL CONVENTION

<u>CHILD'S NAME</u>	<u>AGE</u>	<u>TIME</u>	
		FROM	TO
<u>FRIDAY, NOVEMBER 1, 2019</u> <u>1:00 p.m. - 5:30 p.m.</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>SATURDAY, NOVEMBER 2, 2019</u> <u>9:00 a.m. - 5:00 p.m.</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>SUNDAY, NOVEMBER 3, 2019</u> <u>9:00 a.m. - 12:00 p.m.</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

RETURN TO:
N.D.P. PROVINCIAL OFFICE
1122 SASKATCHEWAN DRIVE
REGINA, SASK.
S4P 0C4

OR E-MAIL TO twilliams@saskndp.ca
BY OCTOBER 18, 2019

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

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:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> 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:

