

## REGISTRATION Child Care/Youth Support (Ages birth – 16 years)

Programs will be developed when the number of children and youth who are registered is known. Childcare will be provided through a partnership with Prince George Child Development Center and program staff. Please see descriptions at the end of the Presenter Profile section of the registration package. Care will be available from 8:30 am until 5:30 pm.

Families will receive a call from organizers, prior to the conference, to ensure all information is shared and activities that are safe and fun will be available for your child or youth. A photo will be taken of your child at the Registration desk since children will be unknown to the childcare and youth support workers.

Financial support may be provided for childcare or youth support that families arrange, in your own home, for families who live in the lower mainland. Please call for more information.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Sibling's Names: \_\_\_\_\_

Please list an emergency contact that can be called if the parent or guardian cannot be reached (please list someone not at the event).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone/Cell Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to participate in childcare or the youth program provided by Family Focus 2008 Lean On Me ~ Bringing Families into Focus. I understand that participation is on a volunteer basis and that Family Focus Conference and staff/volunteers of Childcare do not assume liability in the event of accident or injury to my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

I hereby give permission for the staff of the Child Development Centre to call a physician or ambulance in the case of an accident or illness, where deemed by the staff, if I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Health Card and Identification Number: \_\_\_\_\_

**The staff will not be responsible for administering any medication; alternate arrangements must be made for the medication to be administered. Any specialized care such as catheterization, tracheotomy cleaning, and tube feeding cannot be accommodated due to specialized training requirements.**

Please provide information in the following areas, if applicable, to enable staff to learn about your child so they can create as positive and happy an experience as possible.

Briefly share your child's interests, likes and dislikes: \_\_\_\_\_

\_\_\_\_\_

Level of support required (if applicable): \_\_\_\_\_

\_\_\_\_\_

Allergies or special diet: \_\_\_\_\_ Extent of allergy: \_\_\_\_\_

\_\_\_\_\_

Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Behavioral challenges: \_\_\_\_\_

\_\_\_\_\_

Vision, hearing or communication challenges: \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

CONSENT FORMS (please strike out the clauses you **do not** wish to give consent)

- I hereby give consent for my child \_\_\_\_\_ to have his/her photograph taken while attending Lean on Me ~ Bringing Families into Focus Conference for the purpose of display and public education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I hereby give consent for my child \_\_\_\_\_ to go on walks around the local community under the supervision of the childcare or youth staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requests for Individualized support may be accommodated if requests are made by May 5, 2008.**

For more information on childcare and youth programs, please call 1-250-563-7168

**SPACE IS LIMITED - PLEASE REGISTER EARLY!!!**

Send completed Child and Youth Registration form to:

Child Development Centre

1687 Strathcona Ave

Prince George, BC, V2L 4E7

Fax 250-563-8039 Email [info@familyfocusconference.com](mailto:info@familyfocusconference.com)