

PARENT AGREEMENT

The following are policies which have been set out by OPSEU Childcare Services and the Day Nurseries Act. All parents registering their children during the 2008 OPS Conference & Divisional Meetings must be prepared to follow these policies accordingly.

1. If your child becomes ill, we will ask you to have him/her picked up as soon as possible. As a health precaution your child can be readmitted to our care only after he/she has been free of fever for 24 hours.
2. Only prescription medication in their original containers stating your child's name, date of issue, doctor's name, dosage, pharmacy and storage information will be administered. A daily medicine chart must be filled out before this can be done.
3. Each child has to be checked in and out daily. This is a safety requirement.
4. No one other than the parents and those listed on the registration form will be permitted to pick up a child from our services.
5. Any necessary equipment that is needed for your child's stay e.g. bottles, formula, diapers, baby food, strollers, baby seats for feeding, favourite sleep toys, swim suits (school age), will be brought with the child.
6. Any programming and planning of the daily schedule, with the exception of special needs, is left solely up to the Childcare Workers.
7. The Child Care Service Centre opens at 7:00 pm on Friday November 14th and closes at 10:00 pm. It opens at 8:30 a.m. and closes at 11:00 p.m. on Saturday, November 15th, 2008 and opens again at 8:30 am on November 16th, 2008 and closes at 12:30 pm directly after the educationals are complete.

PARENTAL CHILDCARE AGREEMENT

I agree to cooperate with the general policies set out by the OPSEU Childcare Services.

All Children (regardless of their age), accompanying delegates must be registered. If they are not registered, single accommodation and meals will not be honoured.

Name of Child

Date of Birth

Name of Child

Date of Birth

Name of Child

Date of Birth

Name of Parent (please print)

Signature of Parent

Please return to HEAD OFFICE to **Cynthia Forsyth** with your credentials by **September 26, 2008** or FAX to (416) 448-7462.

If you have any questions or concerns, please call **Cynthia Forsyth**, (1-800-268-7376) ext. 8762.

OPSEU PERMISSION FORM

SWIMMING

I _____ give my permission for _____
(Parent's name) (Child's name)

to take part in any swimming activities at the Fairmont Royal York hotel pool that is supervised by the OPSEU Childcare Providers. My child is six years of age or over.

Parent signature: _____ Date: _____

WALKS

I _____ give my permission for _____
(Parent's name) (Child's name)

to take part in all walks, or activities that are outside of the Fairmont Royal York Hotel that are supervised by the OPSEU Childcare Providers.

Parent signature: _____ Date: _____