

Caregiver Form

This form must reach SACL by May 20, 2016 . Late caregiver registrations **CANNOT** be accepted
Please return this form to Nicole Graham at 373-3070 or email Nicole.graham@sacl.org
REGISTER EARLY

Caregiving will be provided at the Radisson Hotel –Saskatoon
Caregiver fee is as follows: Saturday – \$20.00/ person
Please ensure you fill in the caregiver registration fee area of the main registration form.
Snacks will be provided including lunch on Saturday.
If your child has food allergies or requires a special diet, you will need to send their own snacks.

One copy of this form must be filled out for each individual requiring care.

Child's Name _____ Last Name _____

Age ____ Health Card # _____ Parents Name _____

Please indicate the times a caregiver is needed:

SAT 8:30 a.m. - 4:00 p.m. _____ Lunch and snacks will be provided

PLEASE TAKE TIME TO COMPLETE THIS SECTION FULLY—THE MORE INFORMATION YOU PROVIDE, THE MORE COMFORTABLE EXPERIENCE YOUR CHILD WILL HAVE.

◆ Does your child have a disability? YES ___ NO ___

If yes, please explain _____

◆ Does your child use a wheelchair? YES ___ NO ___

◆ Does your child require individual support? YES ___ NO ___

◆ Will a support person be accompanying your child? YES ___ NO ___

If yes, support person's name _____

◆ Please describe how your child communicates: (eg. Signs, picture board, some words) _____

◆ Does your child have any medical concerns we should know about? YES ___ NO ___

◆ If yes, please describe _____

◆ Is your child using any medications? YES ___ NO ___

◆ If yes, please list medication (s), and dosage time (s) _____

(Parent/Guardian must return to administer medication)

◆ Does your child have seizures? YES ___ NO ___

◆ Does your child have any allergies? YES ___ NO ___

◆ Does your child require assistance with: Toileting FULL ___ or PARTIAL HELP ___
Eating FULL ___ or PARTIAL HELP ___

◆ If yes, please describe and precautions needed _____

◆ To support your child to have a great day, please describe any special needs, behavioral challenges or extra support needed? _____

◆ Activities may include SWIMMING ___ CRAFTS/GAMES ___

◆ What other activities does your child enjoy? _____

◆ Any other information that we need to be aware of _____

Parent/Guardian's Name _____ (please print) Cell Ph. # _____
(Name of person responsible for child/children's arrival and departure from childcare facilities)

Signature _____