

August 28, 2008

**TO: ALL AFFILIATES**

Dear Sisters and Brothers:

**RE: CHILDCARE FOR 2008 CONVENTION**

Please find enclosed a registration form for Childcare for our 52<sup>nd</sup> Convention.

Childcare will be located at **The Hyatt Regency Vancouver**, 655 Burrard Street, Vancouver, BC.

This childcare will be provided by qualified early childhood educators for children 2-12 years old. The dates and times are from Monday, November 24 – Thursday, November 26, 2007 from 8:00 am - 6:00 pm and on Friday, November 28 from 8:00 am to 2:00 pm. Childcare may be available for other BCFL evening functions we may hold.

If there are any special needs which the childcare providers need to know, please indicate it on the attached form. We also require your child(ren)'s Medical Service Plan (MSP) number and a deposit of \$100.00, which will be returned to you by mail after Convention.

Please return your childcare registration to us **NO LATER THAN FRIDAY, OCTOBER 31, 2008**, so we can finalize childcare details.

In solidarity,

ANGELA SCHIRA  
Secretary-Treasurer

AS/sm  
0170-08cnv-as-Childlet-form-2008



Enclosure

**B.C. FEDERATION OF LABOUR  
52<sup>ND</sup> CONVENTION  
CHILDCARE REGISTRATION FORM**

Childcare located at: **THE HYATT REGENCY VANCOUVER**  
655 Burrard Street  
Vancouver, BC

**Please provide us with the following information to assist us in making appropriate arrangements for your children, ages 2 – 12 only.**

NAME OF DELEGATE: \_\_\_\_\_  
*Last Name* *First Name*

UNION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NO. & NAME(S) OF CHILD(REN):

\_\_\_\_\_ MSP \_\_\_\_\_ M/F(circle) Birthdate (d/m/y) \_\_\_\_\_  
*Last Name* *First*

\_\_\_\_\_ MSP \_\_\_\_\_ M/F(circle) Birthdate (d/m/y) \_\_\_\_\_  
*Last Name* *First*

\_\_\_\_\_ MSP \_\_\_\_\_ M/F(circle) Birthdate (d/m/y) \_\_\_\_\_  
*Last Name* *First*

**CARE WILL BE REQUIRED FOR:** \_\_\_\_\_  
*(Monday, November 24 - Thursday, November 27, 2008, 8:00 am - 6:00 pm and Friday, November 28 from 8:00 am to 2:00 pm.*

**OR**

**CARE WILL BE REQUIRED FOR THE FOLLOWING DAY(S) ONLY:**

\_\_\_\_\_

Please indicate if your child has any special needs, including allergies:

\_\_\_\_\_

***You will be required to fill out registration forms when you go to the Childcare Room. We will give the childcare your child(ren)'s Medical Services Plan (MSP) Number(s).***

**PLEASE RETURN A DEPOSIT OF \$100.00 WITH THIS FORM. *This money will be returned to you by mail after Convention.***

**DEADLINE FOR REGISTRATION IS FRIDAY, OCTOBER 31, 2008**