



**B.C.  
FEDERATION  
OF LABOUR  
(CLC)**

200 – 5118 Joyce Street  
Vancouver, BC V5R 4H1  
TEL (604) 430-1421  
FAX (604) 430-5917  
Website: [www.bcfed.ca](http://www.bcfed.ca)  
E-Mail: [bcfed@bcfed.ca](mailto:bcfed@bcfed.ca)

Jim Sinclair  
President  
Angela Schira  
Secretary-Treasurer

August 30, 2007

**TO: ALL AFFILIATES**

Dear Sisters and Brothers:

**RE: CHILDCARE FOR 2007 CONVENTION**

Please find enclosed a registration form for Childcare for our 51<sup>st</sup> Convention.

Childcare will be located at **The Westin Bayshore Vancouver**, 1601 Bayshore Drive, 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 26 – Wednesday, November 28, 2007 from 8:00 am - 6:00 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 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 NOVEMBER 1, 2007**, so we can finalize childcare details.

In solidarity,

Original signed by:

ANGELA SCHIRA  
Secretary-Treasurer

AS/sm  
0170-07cnv-as-Childlet-form-2007



Enclosure

**B.C. FEDERATION OF LABOUR  
51ST CONVENTION  
CHILDCARE REGISTRATION FORM**

Childcare located at: **THE WESTIN BAYSHORE VANCOUVER**  
1601 Bayshore Drive  
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: \_\_\_\_\_

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

\_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate (d/m/y) \_\_\_\_\_  
Last Name First

\_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate (d/m/y) \_\_\_\_\_  
Last Name First

\_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Birthdate (d/m/y) \_\_\_\_\_  
Last Name First

**CARE WILL BE REQUIRED FOR:** \_\_\_\_\_  
(Monday, November 26 - Wednesday, November 28, 2007, 8:00 am - 6:00 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. They will also require your child(ren)'s Medical Services Plan 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 NOVEMBER 1, 2007**