



WOMEN'S LEADERSHIP CONFERENCE-CHILD CARE INFORMATION

1) CHILD'S NAME: _____ BIRTH DATE: _____

2) CHILD'S NAME: _____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

PARENT NAME: _____ PHONE: _____

PARENT NAME: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

The following persons are authorized to sign my child in and out of child care:

Name	Relationship

I voluntarily agree for my child(ren) named above to participate in The City Of West Hollywood Child Care Program provided for the Women's Leadership Conference.

I realize that every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present. However, in the event of any injury to my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as claims for property damage which may arise in connection with the above named activity, against the Supervisor, City of West Hollywood, Recreation Services Division and its personnel.

As a parent/guardian, I hereby consent to medical treatment for my minor child named above which can include, but is not limited to x-rays, anesthetic, medical or surgical diagnosis or treatment which is to be rendered under the general or special supervision of any physician licensed under the provisions of the California Medicine Practice on the medical staff of a licensed hospital, whether such treatment is rendered at the office of said physician or at such a hospital. I further agree to pay any and all costs incurred as a result of said treatment.

I have read, understand and agree to abide by the above.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY

NAME: _____ PHONE: _____

If Physician can not be reached, what action should be taken?

Does your child have any food allergies? If so, explain:

Does your child have special needs? If so, explain:

WEST HOLLYWOOD WOMEN'S LEADERSHIP CONFERENCE

Dear Parent,

The West Hollywood Women's Leadership Conference is pleased to offer complementary childcare services for children of conference attendees. **Onsite childcare is available for children ages 5-12 only.**

If your child is less than 5 years of age please contact Corri Planck in the Mayor's Office at 323-848-6460 ASAP. We are trying to provide childcare services for this age group as well but need to get a minimum number of participants.

Childcare services will be available between the hours of 9:00 am - 4:30 pm on Saturday, April 10th. When you check in at the Conference you will be directed to the drop off location for your child.

Please provide a lunch for your child. Complimentary healthy snacks and beverages will be provided.

Please complete the Childcare application and submit it ASAP to:

c/o Larissa Fooks

via fax: 323-848-6562,

via email: lfooks@weho.org or

via mail:

City of West Hollywood

8300 Santa Monica Blvd

West Hollywood, CA 90069

You will receive a confirmation once your application is received.

Thank you for your participation in the 4th Annual West Hollywood Women's Leadership Conference.

Kind regards,

West Hollywood Women's Leadership Conference Staff