



James Family Prescott YMCA Child Watch 2018

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

This YMCA family member benefit is designed to provide a safe place for children to play while their parents are using the facility. Parents and children must have a current YMCA membership. This service is *ONLY* available to parents for their own children.

Ages: 1-9 years

Hours of Operation: Monday-Friday 8:00am-12:00pm
Monday-Thursday 4:00pm-7:00pm

Fees: FREE for children on a family membership after registration fee is paid.

Annual non-refundable registration fee:

1st Child: \$30.00 2nd Child: \$20.00 3rd, 4th Child: \$10.00 5th Child +: \$0.00

Valid January 1, 2018 - December 31, 2018.

Fee is not prorated.

Guidelines:

- Your child's valid membership card must be presented and scanned each time they attend.
- Parents must remain on the Prescott YMCA property.
- Children may stay in Child Watch for a maximum of two hours.
- Parents need to sign their child in and out. For the safety of your children, if someone other than the parent is picking up, notification must be given in advance. Until staff gets to know you, you may be asked to present identification when picking up your child.
- Parents must inform staff where they will be via the sign-in sheet, in the case that staff needs to find you during your workout.
- We do not prepare or eat food in Child Watch. Please enjoy snacks and meals before or after attending.
- Staff members do not change diapers. In the case that a diaper change is needed, parents will be asked to change their child.
- Children must be in good health to attend. If your child exhibits any symptoms of illness, we will notify you and ask you to pick up your child. Staff may not administer any medications.
- We will make every effort to accommodate children with special needs.
- Appropriate paperwork must be completed and on file along with payment of registration fee.
- YMCA staff will use redirection and positive reinforcement while working with your child. If these techniques are not successful or your child poses a danger to self or others, we will locate and notify you.

By signing below, I understand and agree to the aforementioned guidelines.

Parent Name, printed

Signature

Date

Children's Names, printed

Special concerns, allergies, needs: _____

Emergency Contact Information:

Mother's Name _____

Cell Phone _____

Father's Name _____

Cell Phone _____

Emergency Contact _____

Phone _____