

Welcome to
Childcare

At Lourdes Health & Fitness

We pride ourselves on offering a clean, healthy, safe environment for your children. Each staff member cares about the well-being and positive development of every child.

Your child will enjoy

a variety of learning and developmental activities, from arts and crafts to games that help improve gross motor skills. Children also participate in story time, fun projects, and movie time.

Childcare

Guidelines

- **SICK CHILDREN MUST BE KEPT AT HOME.** This is for sanitary reasons to prevent other children and staff from illness.
- Childcare is available for members' children while members are using the facility.
- The first two hours of Childcare is a complimentary service included in membership. If your child's stay is over 2 hours, there will be a minimum fee of \$10. Non-members will be charged \$10.00 an hour up to two hours maximum. This charge is per family.
- Children must be at least 3 months of age. Immunizations must be up to date.
- All children must be signed in upon arrival and signed out when leaving. Your child/children are only permitted to leave with the parent/guardian responsible for signing them in.
- In the event of an emergency during which you are unable to pick up your child, the name provided on the Childcare information sheet will be contacted immediately.
- Please provide any special supplies that your child may need during the time they spend with us.
- All age groups share the Childcare space. Older children are encouraged to bring reading materials, homework, card games, electronics, etc.
- Television time is limited. Children are encouraged to participate in other activities.
- Snacks of any kind are not permitted in Childcare due to life-threatening allergies and possible choking. Water is permitted; however, we ask that you PLEASE LABEL ALL CUPS.
- Children must maintain appropriate behavior at all times. Any acts of violence such as hitting, biting, or kicking will not be tolerated. If a child does not behave appropriately, Childcare privileges may be revoked at the sole discretion of management.
- The Childcare employees do not change diapers. If a child needs a diaper change, the parent/guardian who dropped them off will be asked to return to the room. A changing table is provided.
- If your child persistently cries for more than 10 minutes, you will be asked to return to the Childcare room. We ask for your cooperation and prompt response.
- Service is limited to two hours per visit. After two hours, a late fee of \$10.00 per hour will be assessed, with a minimum charge of \$10.00.
- Grandparents who are members are permitted to use the complimentary Childcare for their grandchildren while using the facility.
- The attached forms: Childcare Information, Permission to Respond to Minors, Waiver, and Sick Policy must be completed for each child.
- To offer the safest Childcare, please be aware that space may be limited.
- Children may only be dropped off at Childcare by parents, guardians, or grandparents.

Childcare

Hours of Operation

MONDAY: 8:30 a.m. to 3 p.m.
4 p.m. to 8 p.m.

TUESDAY: 8:30 a.m. to 3 p.m.
4 p.m. to 8 p.m.

WEDNESDAY: 8:30 a.m. to 3 p.m.
4 p.m. to 8 p.m.

THURSDAY: 8:30 a.m. to 3 p.m.
4 p.m. to 8 p.m.

FRIDAY: 8:30 a.m. to 3 p.m.
4 p.m. to 8 p.m.

SATURDAY: 8 a.m. to 3 p.m.

SUNDAY: 9 a.m. to 1 p.m.

Childcare is closed for cleaning and disinfecting from 3 p.m. to 4 p.m. Hours are Subject to Change Based on Usage.

Childcare

Information

Parent or Guardian Name(s) (Please list all that apply): _____

Address: _____

Cell #: _____ Email: _____

CHILD/CHILDREN:

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Pediatrician's Name: _____

EMERGENCY CONTACT (Someone other than yourself):

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

**DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS OR ALLERGIES
THAT THE CHILDCARE STAFF SHOULD BE AWARE OF?**

NO FOOD IS PERMITTED IN THE CHILDCARE FACILITY. THANK YOU FOR YOUR COOPERATION.

Parent or Guardian Signature: _____ Date: ____/____/____

Received by H&F Staff: _____ Date: ____/____/____

Childcare

General Waivers

General Waiver

The undersigned parent/guardian on behalf of _____ (“child”) agrees that engaging in any program, including Childcare at Lourdes Health & Fitness, shall be taken at the sole risk of the parent and child, including all consequential and incidental damages. The parent and child, for themselves and on behalf of their executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Lourdes Health & Fitness (including its officers, agents, employees, and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any Lourdes Health & Fitness program. The undersigned parent declares that their child is physically fit and able to participate in Childcare. The undersigned parent declares on behalf of their child that the child participates at their own risk.

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

Additional Children: _____

Date: ___/___/___

Childcare

General Waivers

Permission to Respond to Minors Form

In case of an emergency or incident, I (parent's/guardian's name) _____ give permission to the staff of Lourdes Health & Fitness to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at our facility.

Child's Name: _____

Child's Age: _____

Child's Gender: _____

Any Food Allergies: Yes / No

If Yes, List: _____

Emergency Contact: _____

Emergency Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

Please Print: _____

Taken By: _____ Date: _____

Childcare

Sick Child Policy Acknowledgement

SICK CHILDREN MUST BE KEPT HOME!

If your child is exhibiting any signs of illness including sneezing or coughing, running a fever or taking an antibiotic, or experiencing stomach issues or vomiting, please allow 24-48 hours from the time the symptoms subside, fever breaks or vomiting ceases.

If any staff members notice any signs or symptoms of illness, we will immediately notify you and ask you to remove your child from the facility.

**Please sign below to indicate that you are aware of,
and fully understand, the SICK CHILD POLICY.**

THANK YOU FOR YOUR COOPERATION.

Parent or Guardian Name: _____ Date: ____/____/____

Signature: _____

Child's/Children's
Name(s):
