

Fitness Center/Child Development Center Daycare Policy & Information Form

This service is available to people who have a current Adult +1 or Family Membership through the Fitness Center (Child must be a member). The hours this service is available is 9:00 am-11:00 am. Please fill out the information below and a copy will be available at both locations. Child must be at least 6 weeks old.

Registration Form

Fitness Center Membership Type _____ MCCDC Enrollment Date _____

Child(ren)'s Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____
Name _____ Birthdate _____

Parent or Guardian's Contact Information:

Mother:

Name _____ Employer _____
Address _____
City _____ State _____ Phone _____

Father:

Name _____ Employer _____
Address _____
City _____ State _____ Phone _____

Person(s) to whom the child may be released by MCCDC:

Name _____ Name _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Person(s) who will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached: (One name must be given)

Name _____ Name _____
Address _____ Address _____
City _____ Phone _____ City _____ Phone _____

Consent to contact Physician in an emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to MCCDC to contact:

Physician _____ Phone _____
Address _____

And, if necessary, to take my child to the following doctor(s), clinics, or hospitals

Name _____
Health insurance company (optional) _____

Child's medical information:

Any health problem(s) that MCCDC should be aware of: _____

Medication, if any: _____

Allergies, if any: _____

Special Concerns (glasses, hearing aids, etc.): _____

Any activities your child should NOT engage in: _____

Security Items your child may need (blankets, pacifiers, teddy bears, etc.)

Over the counter medications:

I give permission to the MCCDC to administer the following products when deemed necessary and agree that the staff is competent to do so:

- | | |
|--|---|
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Anti-bacterial ointment or spray |
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Teething Gel |
| <input type="checkbox"/> Diaper Rash Ointment | <input type="checkbox"/> Powder or Cornstarch |
| <input type="checkbox"/> Acetaminophen (non-aspirin) | <input type="checkbox"/> Ibuprofen |

Comments: _____

Parent signature: _____ **Date:** _____