

# PAC Child Care Guest Visit Form

**For Staff Use ONLY:**

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

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*(To be used ONLY for one time visits. Any child visiting Child Care more than twice, needs to have complete records on file)*

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: male/female

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

## **MEDICAL INFORMATION**

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Additional Information or Special Needs: \_\_\_\_\_

## **CHILD INFORMATION**

What are your child's restroom habits? \_\_\_\_\_

**AUTHORIZED PICK-UP** *(only the following will be allowed to pick your child up for the child care room, PHOTO ID required)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

*I hereby give permission for my child (named above) to obtain medical or surgical care from a health care facility, physicians, or dentists for my child should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physicians/dentists may be taken. I further consent to transportation of the above named child to the nearest or most appropriate medical facility. INITIALS: \_\_\_\_\_*

*By signing below, I agree to the medical authorization release above and acknowledge and accept the stated policies and procedures on the back of this form and agree to adhere to all.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*This form is valid for one year from the date signed\****

## **HOURS OF OPERATION**

- The Pinedale Aquatic Center (PAC) Child Care is open Monday – Friday from 8:00am to 1:00 pm and Tuesday and Thursday from 5:30pm to 7:30pm.
- Hours may vary during the summer months or be adjusted to meet higher need during the school year. Changes in child care hours will be posted in a timely fashion.
- The PAC has the right to change the Child Care operation hours to best fit the PAC staffing needs.

## **ROOM REQUIREMENTS/REGULATIONS**

- The PAC child care room is available to children 6 weeks to 7 years of age; children 8 and older may **not** be dropped off.
- Parents/guardians must stay within the PAC premises at all times while their child is in the child care room.
- All children must have a completed “child’s record” form on file and be signed in and the appropriate information provided.
- Only those individuals on the “Permission Pick-up List” will be allowed to pick-up a child from the child care room; parents/guardians may be asked to present a photo ID when picking up a child.
- Each child will be allotted a 2 hour time limit; child’s time will start when they are dropped off in the child care room.

## **PAYMENT**

- PAC Child Care charges by the hour and payment is expected at Guest Services immediately after picking up child.
- The rate is \$1/30-minutes per child; a 5-minutes grace period will be allowed

## **TRANSPORTATION**

- The PAC child care will only transport children in the case of an emergency.

## **PARENT/GUARDIAN RESPONSIBILITY**

- Parents/guardians are responsible for all necessities for their children (diapers, wipes, extra clothes, bottles, snacks, etc.).
- If no diapers are provided and a diaper change is deemed necessary, an additional \$1 fee will be charged for the cost of the diaper.
- Any personal belongings of the child will be kept in the cubbies to the left of the door. No personal toys will be allowed in the play area. Parents/guardians **cannot** leave their personal belongings (keys, purses, etc.) in the room, including in the child’s cubby.

**INITIALS:** \_\_\_\_\_