

ROSEMONT HEALTH & FITNESS CHILDCARE POLICY

- 1) Children must be between the ages of 5 months and 10 years of age.
(Birth certificate may be requested.)
- 2) Children are limited to **1 visit per day not to exceed 2 hours**. (No exceptions)
Any time in excess of 2 hours will incur a \$10 fee on account.
- 3) Parent/Guardian must remain in facility.
- 4) No sick children will be allowed in the childcare area for any length of time. All children should be up-to-date with all required immunizations. We reserve the right to refuse any child, especially for the following reasons:
 - a) Fever
 - b) Rash
 - c) Open cut or wound
 - d) Pink eye or any eye infections
 - e) Excessive runny nose
 - f) Heavy, or uncontrollable coughing
 - g) Diarrhea
 - h) Warts (must be covered)
- 5) Children which cannot be calmed down (if crying) once the parent leaves will be given a “15 minute Calming Period” to calm down or the parent will be called back to the childcare area. This also applies to any crying instance, which might occur throughout their stay.
- 6) Rosemont Health & Fitness childcare staff cannot change diapers. The parent will be called if a diaper needs to be changed. Please be prompt in responding to their request.
**All diaper changing should be done on the changing table or your own diaper changing pad must be used. Please do not lay child directly down on carpet to change diapers.*
- 7) No food is allowed. Drinks will be allowed only in spill-proof cups. These should be labeled with first and last names.
- 8) For infants, it is strongly encouraged that their car seat carrier or stroller be brought in each visit.
- 9) All children/infants must have feet covered at all times.
- 10) Foul language and/or aggressive behavior will not be tolerated and the parent will be contacted immediately. Repeated incidents may result in termination of service.
- 11) Children are discouraged from bringing toys from home. Not responsible for lost, stolen or broken items brought into the childcare area.

**THESE POLICIES ARE ENFORCED FOR ENSURING OUR MEMBERS
THE HEALTHIEST ATMOSPHERE FOR THEIR CHILDREN.
PLEASE HELP US KEEP OUR RHF CHILDCARE A FUN PLACE FOR ALL!!!**

Revised 10/8/18

ROSEMONT HEALTH & FITNESS
CHILDCARE POLICY 2018-2019

PLEASE PRINT:

DATE: _____

Child's Name _____ **Birthdate** ___/___/___ **Age** _____

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Child's Name _____ **Birthdate** ___/___/___ **Age** _____

Child's Name _____ **Birthdate** ___/___/___ **Age** _____

Parents' Names & Cell #:

(Mom) _____ **Cell # (____)** _____

(Dad) _____ **Cell # (____)** _____

Emergency Person & Contact Phone #:

Name _____ **Phone #(____)** _____

***I HAVE READ AND AGREE TO COMPLY WITH THE
ROSEMONT HEALTH & FITNESS CHILDCARE POLICY.
I HAVE ALSO RECEIVED A COPY FOR MY RECORDS.***

Parent's Signature _____

Staff Signature _____