Bay Tennis & Fitness YOUTH CENTER

Welcome to the Bay Tennis & Fitness Youth Center. It is our goal to provide a safe and enjoyable environment. We appreciate the opportunity to care for your child.

GENERAL INFORMATION:

- The child center is available to all Bay Tennis & Fitness members and their guests.
- Children 12 months through 12 years are allowed to visit.
- 24 hour notice requested. Please call or we cannot guarantee this service.

POLICIES:

- Parents must abide by our sick child policies. Children who exhibit symptoms described in our exclusion policy will not be permitted for obvious reasons. The sick child policy is located on the back of this sheet.
- Bay Tennis & Fitness reserves the right to remove or suspend children perceived as an endangerment to themselves or others.
- Time-out will be used to address behavioral problems.
- Parents or legal guardians must remain in the club.
- Check-in and check-out requires picture identification.
- Parents are responsible for changing diapers.
- No food, gum, or candy is allowed in the center.
- Pacifiers and comfort items such as blankets and stuff animals are permitted but must be labeled.
- Toys from home are not allowed in the center.
- Bottles are permitted but must be used under supervision. Sippy cups with water only are permitted. No juice.
- Bottles, bags, and cups must be labeled with child's first and last name.
- Parents will be called if child cannot be comforted from crying after 15 minutes.
- Bay Tennis & Fitness is not responsible for lost or stolen items.
- Children who visit the center more than once per day are limited to a three hour maximum.
- Only parents or legal guardians are allowed to bring children into the Child Center.
- Family members are allowed to bring nieces, nephews or grandchildren with our Medical Power of Attorney signed by the parents and notarized by a Notary. There are NO exceptions to this rule.

FEES:

\$7.00 per child per hour

After first hour, fee is pro-rated by 15 minute increments.

YOUTH CENTER HOURS:

Monday-Friday 8:00am – 12:00pm (with the exception of some holidays)





We wish to provide a safe, healthy environment for your child. In order to protect your child and other children at the center, we must ask you not to bring your child if he or she is sick. The following are important symptoms to look for in your child:

Diarrhea: This means more than one abnormally loose stool.

Severe Coughing: Child gets red or blue in the face; makes high-pitched croupy or whooping sounds after coughing.

Difficult or rapid breathing: Outside of physical exertion.

Yellowish skin or Eyes.

Pinkeye: Tears, redness of eyelid lining, irritation, followed by swelling.

Severe Itching: Itching of the body or scalp or scratching of the scalp (this may be signs of Lice or Scabies).

Unusual Spots or Rashes.

Sore Throat or Trouble Swallowing.

Infected Skin Patches: Crusty, bright yellow, dry or gummy areas of skin.

Sores In or About the Mouth.

Grav or White Stool.

Headache and stiff Neck.

Vomiting.

9/11/2018

Unusual Behavior: Child is cranky or less active than usual; child cries more than usual; child feels general discomfort or just seems unwell.

Fever of 100F or higher.

A child may return to Bay Tennis & Fitness 24 hours after symptoms are gone and/or the child's physician indicates the child is not contagious.

If your child comes down with any contagious diseases and/or is diagnosed by a Healthcare Provider, please inform the Bay Tennis & Fitness staff so that we may inform other parents. Common childhood and contagious diseases include: Chicken Pox; Measles; TB; infest of Lice; Scabies; Streptococcal infection; Impetigo; Pertussis, Hepatitis A, ect.. Children with contagious diseases will not be allowed in the Youth Center at Bay Tennis & Fitness.

understand and agree to adhere to the Bay Tennis & Fitness Sich	k Child Folicy.
Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	
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Bay Tennis & Fitness Inc. Youth Center			Member Number		
Child's Name		Home Phone			
Parent's Name		Day Phone			
Parent's Name		Day Phone			
Date of Birth	Age	school		Net L	
Address		City/State/Zip			
The above applicant has my perm applicant is authorized provided the and hold harmless Bay Tennis & I claims, liability of damages that me	ne Parent/Guardian cou Fitness, Inc., their staff,	ildn't be read agents and	ched. I agre officers fro	ee to release m or for any	
Parent/guardian signature			Date		
Bay Tennis & Fitness, Inc. to seel of an emergency. This will be in estaff. Medical Information		n the care o	f Bay Tenn	in the case is & Fitness, Inc.	
Doctor's Name			Phone		
(Asthma, food allergies, mediction	ns):				
In case of emergency and the named parent or guardian cannot be reached, contact:					
Name			Phone		
Name	9		Phone		
Photo Consent: Photographs m photographs may be used for propublications. Please indicate who photo for these purposes.	motions within the club	or for Bay T	ennis & Fit	tness, Inc.	
Yes, I grant permission		No I do not grant permission			
Parent/guardian signature		Date			