



# CHILDCARE RULES AND POLICIES

\*Safety is our number one concern and following these rules can greatly help ensure the safety of all children utilizing our facility.

- NO FOOD/GUM ALLOWED.** Bottles or covered drinks are allowed but must be labeled with child's first and last name.
- Childcare services are available for children 6 months– 11 years of age.
- Diaper bags/backpacks must be labeled with child's name. If potty training, please provide a spare set of clothes.
- There is a daily limit of 1 ½ hours per child. There will be a \$15.00 fee for every 15 minutes over and will be added to monthly membership fee.
- Children with possible infectious illness should be left at home. They should not have the following within the last 24 hours: colds, runny noses with discolored mucus, pink eye, fever, diarrhea, vomiting, or any communicable illness, (i.e., chicken pox, lice, scabies, etc.).
- If your child is home from school for illness reasons, they are not allowed to be in our Childcare.
- The parent/grandparent or legal guardian must always remain inside the Health Club premises while each child is in our care. We must be able to always contact the parent/grandparent or legal guardian.
- Staff is not allowed to administer medications or mix bottle formula.

**\*\*Parent/Guardian Initials:** \_\_\_\_\_

- Shannon Health Club's Childcare is not a state regulated childcare center.
- Children are required to wear socks or shoes while in the childcare area. (Babies are exempt)
- We enforce a no-biting policy. On the third offense, we will impose a 30 day pause of use for the child.
- Please make sure your child has a fresh diaper before dropping them off.
- Childcare staff may page you to assist with diaper changing duties during busier times.
- Please note that it is the parent's responsibility to provide wipes and diapers for their child.
- You may be asked to pick up your child if they are inconsolable.
- Each child utilizing our Childcare must be checked in by their parent/grandparent or have legal guardianship of the child by law. There is no charge for childcare services if you are a member.
- Health Club guests may utilize our Childcare Services; however, you must be the parent/grandparent or legal guardian of the child that you are checking in. There is a \$15.00 Childcare guest fee per child for non-members.
- If your child has special needs, we will work with you on a case-by-case situation to make sure we can provide appropriate care for your child. Please see a manager before checking your child in.
- In an effort to provide a safe environment for your child, the childcare staff cleans and disinfects the toys daily.
- During inclement weather, the Health Club Childcare follows the same delays/cancellations issued by SAISD.
- Childcare Hours: M-F 8 a.m.-1:15 p.m. & 4 p.m.-7:30 p.m., Sat 8 a.m.-Noon, Sun. 3 p.m.-6:15 p.m.**

**Drop-Off Preference:**  Walk In (unassisted)  Parent Put Down  Hand Off (no tears)  Drop & Go (tears likely)

\*Shannon Health Club reserves the right to exclude from Childcare any child who displays inappropriate behavior or behavior that could pose a danger to staff or other children (including, but not limited to biting, spitting, hitting, bullying and/or being verbally abusive to others).

# CHILDCARE AGREEMENT

I \_\_\_\_\_ verify that the following individuals listed below are my legal dependents (as described by the IRS) and are 11 years of age or under. The individuals listed below will be using the Health Club's childcare facility and I have read and understand the Club's "Childcare Rules and Policies" (listed on the opposite side of this agreement) and agree to abide by them while in the Health Club. I agree that the legal guardian will be in the facility at all times while the children are in the nursery. I also understand that upon their twelfth birthday, they will be required to become a member of the Club (under a family membership) to continue using the Club's facility.

***List legal dependents eleven years of age and/or under. (Please Print)***

1. \_\_\_\_\_ Birth Date: \_\_\_\_\_
2. \_\_\_\_\_ Birth Date: \_\_\_\_\_
3. \_\_\_\_\_ Birth Date: \_\_\_\_\_
4. \_\_\_\_\_ Birth Date: \_\_\_\_\_
5. \_\_\_\_\_ Birth Date: \_\_\_\_\_

***List members that are legal guardians of above children.***

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_

***List any special needs or allergies for all children listed above.***

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Witnessed and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
**Authorized Signature** (Staff Member)

**Member's Signature** (By signing this agreement, the member acknowledges that he or she has read and fully understands the above agreement and all questions have been answered.)

**For Internal Use Only:**

Signed Policy Agreement  Tour  First Day  Antaris  White Board