

*The following policies and procedures will help enable us to ensure  
a safe and enjoyable environment for you and your child.*

### **Registration and Sign-in Procedures:**

- Ages allowed: 6 weeks to 11 years of age. On the child's 12th birthday, he/she is too old to attend the playroom.
- Parents must provide immunization records for all children before they are allowed to stay in the playroom.
- Temperatures will be checked upon entry.
- On your first visit, you must fill out an information sheet for each child and register with the Kidcheck System.
  - In addition, you are required to sign in and out at each visit using the Kidcheck System.
- If someone other than yourself is to pick up your child, we must have permission from you to do so. The person will be required to show a picture I.D.
- Infant Ratio in the playroom is one (1) worker per five (5) infants (cannot crawl or walk).
  - This number may be less depending upon the needs of the children.
- Toddler/Child Ratio in the playroom is one (1) worker per ten (10) children.
  - This number may be less depending upon the needs of the children.
- Children are permitted to stay a maximum of one and one half hours (1.5) per day.

### **Fee Details**

- **\$5 per child per month** (Fee paid with membership contract).
- **Drop in fee: \$5.00 per child per visit.**
- **Summer** (June, July, August): **\$10.00 per child, per month** (This excludes children who are already paid with the membership contract).
- **Holiday** (Mardi Gras Break, Easter/Spring Break, Thanksgiving Break, Christmas Break): **\$10.00 per child per week** (This excludes children who are already paid with the membership contract).

### **Illness Policies**

- Children are not allowed in the playroom when they are ill.
  - Management reserves the right to refuse service to any child considered at risk to other children and staff. If the child verbalizes they do not feel well, you will be asked to come pick up your child.
  - If your child is too sick to go to school, they are too sick to come to the Playroom.
- If your child is sick, he/she is not permitted back into the Playroom for 48 hours from the time that staff paged you to come and get your child.
- Playroom personnel are not allowed to administer medications.
- Please refrain from applying ointments and creams to your child prior to your visit.
- A medical release form is required for children with special needs (feeding tube, shunts, etc.).
- **A child will not be allowed in the Playroom with the following symptoms:**
  - Constant runny nose.
  - Discharge from the eyes.
  - A fever (temperature over 98.6 degrees).
  - Any condition known to be contagious. (Before the child can return to the Playroom, a medical release from a doctor or practitioner is required).
  - Vomiting or loose stools.
  - A persistent cough and/or a cough producing colored or thick discharge.

**NOTE: A doctor's note may be required upon returning to the playroom.**

### **Diapering, Snacks and Toys**

- We request that your child be fed and changed prior to coming to the playroom **(Our staff cannot feed your child/children, as this takes away from caring for others).**
- **We do not change diapers, but will notify you if your child needs changing.**
- We will supervise toileting as needed; however, we do not potty train.
- **Only water is allowed.** Older children must drink from closed, spill-proof water bottles. Open containers are not permitted.
- **No food of any kind is permitted.**
- We provide toys and activities. Please leave personal toys at home.

### **Miscellaneous**

- **The playroom services are for Fitness Club members only.**
  - All toys and surfaces will be cleaned with Clorox Hydrogen Peroxide disinfectant.
  - Please label all personal items.
  - All children must be fully clothed (tops, bottoms, dresses, and shoes).
  - There is a 10 minute crying limit for all children.
  - Management reserves the right to ask the parent to withdraw the child from the playroom if they display any negative behavior issues (putting themselves, peers, or staff in physical harm) or damages the Wellness Center property.
  - **It is strictly prohibited to leave the facility while your child is in the Playroom.**
- \* **We abide by all age-specific government laws, including sick policies, immunization guidelines and child to staff ratios.**



**Playroom Information Sheet**

Email: \_\_\_\_\_

Fitness Member #: \_\_\_\_\_

\*The purpose of this information sheet is to help our staff gain a better understanding of your child. Please feel free to add any information that may be helpful. Do not feel obligated to answer any of the questions of which you are unsure.

Date: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Other Parent's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Physician's Name & Number: \_\_\_\_\_

**(Note: We will not allow anyone other than yourself to pick up your child/children without your permission. They will also be required to show a picture ID and this does apply to and include fathers)**

**Child #1:**  Boy  Girl Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Has this child been in a group/daycare before?  Yes  No

Is there anything special we should know about your child or family? (i.e., medical diagnosis) \_\_\_\_\_

How does he/she interact with other children/siblings? \_\_\_\_\_

Favorite toys, games, videos, or activities: \_\_\_\_\_

Can your child use the restroom completely unassisted?  Yes  No In diapers?  Yes  No

List any known food or other allergies: \_\_\_\_\_

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

**Child #2:**  Boy  Girl Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Has this child been in a group/daycare before?  Yes  No

Is there anything special we should know about your child or family? (i.e., medical diagnosis) \_\_\_\_\_

How does he/she interact with other children/siblings? \_\_\_\_\_

Favorite toys, games, videos, or activities: \_\_\_\_\_

Can your child use the restroom completely unassisted?  Yes  No In diapers?  Yes  No

List any known food or other allergies: \_\_\_\_\_

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

**Child #3:**     Boy     Girl    Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Has this child been in a group/daycare before?     Yes     No

Is there anything special we should know about your child or family? (i.e., medical diagnosis) \_\_\_\_\_

How does he/she interact with other children/siblings? \_\_\_\_\_

Favorite toys, games, videos, or activities: \_\_\_\_\_

Can your child use the restroom completely unassisted?     Yes     No            In diapers?     Yes     No

List any known food or other allergies: \_\_\_\_\_

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

**Child #4:**     Boy     Girl    Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Has this child been in a group/daycare before?     Yes     No

Is there anything special we should know about your child or family? (i.e., medical diagnosis) \_\_\_\_\_

How does he/she interact with other children/siblings? \_\_\_\_\_

Favorite toys, games, videos, or activities: \_\_\_\_\_

Can your child use the restroom completely unassisted?     Yes     No            In diapers?     Yes     No

List any known food or other allergies: \_\_\_\_\_

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

**Child #5:**     Boy     Girl    Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Has this child been in a group/daycare before?     Yes     No

Is there anything special we should know about your child or family? (i.e., medical diagnosis) \_\_\_\_\_

How does he/she interact with other children/siblings? \_\_\_\_\_

Favorite toys, games, videos, or activities: \_\_\_\_\_

Can your child use the restroom completely unassisted?     Yes     No            In diapers?     Yes     No

List any known food or other allergies: \_\_\_\_\_

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



# Woman's

**Woman's Fitness Center**

## **Playroom Agreement and Release of Liability**

In consideration for participation in activities at Woman's Fitness Center, I hereby agree to the following on my behalf and on behalf of the minor children listed below:

I understand that participation in activities at Woman's Fitness Center Playroom may result in personal injury or illness to participating children. I fully accept and agree to assume all risks associated with such participation (including all risks arising from the negligence or carelessness of other participants), for all children listed below. All staff will adhere to any current regulations regarding preventing the spread of illness.

With full understanding of the risks stated above, and in consideration for allowing my children to use the Woman's Fitness Center Playroom, I, for all of the children listed below, hereby WAIVE, RELEASE AND FOREVER DISCHARGE Woman's Fitness Center and/or its directors, officers, employees, volunteers, representatives and agents (the "Woman's Parties") from any and all liability, including but not limited to, liability arising from the negligence or fault of the Woman's Parties, for personal injuries of any kind which may hereafter occur to my children while participating in Woman's Fitness Center Playroom. I hereby INDEMNIFY AND, HOLD HARMLESS FROM, AND PROMISE NOT TO SUE the Woman's Parties for any and all liabilities or claims made as a result of my children's participation in the Woman's Fitness Center Playroom, whether caused by negligence of the Woman's Parties or otherwise.

I agree and understand that this agreement is binding for all children listed below. This Agreement and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing below, I certify:

1. That I have read this Agreement and Release of Liability, and I fully understand its content.
2. That I am the parent or legal guardian, supervisor, or responsible person for the following children for whom I am signing, or that I have the express permission of the parent or legal guardian of such children to sign this Agreement and Release of Liability. I understand that this is a permanent waiver to be kept on file by Woman's Fitness Center, for today's visit and all future visits.

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

Print Parent/ Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Child(ren) Names:

Date(s) of Birth:

_____	_____
_____	_____
_____	_____

**PLEASE COMPLETE WAIVER PRIOR TO ENTERING THE PLAYROOM  
(Please note, this Agreement and Release of Liability must be signed by  
the parent and may be printed and brought in by your caregiver.)**