WELCOME TO
Childcare

AT HACKENSACKUMC FITNESS & WELLNESS POWERED BY THE GIANTS

We pride ourselves on offering a clean, healthy, safe environment for your children. Each staff member cares about the well-being and positive development of every child.

Your child will enjoy

a variety of learning and developmental activities, from arts and crafts to games that help improve gross motor skills. Children also participate in story time, fun projects, and movie time.

201.843.4422 | 87 Route 17 North, Maywood, NJ 07607 | HackensackUMCfitnessNYG.com

HackensackUMC Fitness & Wellness | POWERED BY THE GIANTS

Childcare
GUIDELINES

- Childcare is available for members' children while members are using the facility.
- The first two hours of Childcare is a complimentary service and included in membership. Non-members will be charged $10.00 an hour for up to two hours maximum. This charge is per family.
- Children must be at least 3 months of age. Immunizations must be up to date.
- All children must be signed in upon arrival and signed out when leaving. Your child/children are only permitted to leave with the parent responsible for signing them in.
- In the event of an emergency during which you are unable to pick up your child, the name provided on the Childcare information sheet will be contacted immediately.
- Please provide any special supplies that your child may need during the time they spend with us.
- All age groups share the Childcare space. Older children are encouraged to bring reading materials, homework, card games, electronics, etc.
- Television time is limited. Children are encouraged to participate in other activities.
- Snacks of any kind are not permitted in Childcare due to life-threatening allergies and possible choking. Drinks are permitted; however, we ask that you only send water with your child.
  PLEASE LABEL ALL CUPS.
- SICK CHILDREN MUST BE KEPT AT HOME. This is for sanitary reasons to prevent other children and staff from illness.
- Children must maintain appropriate behavior at all times. If a child does not behave appropriately, Childcare privileges may be revoked at the sole discretion of management.
- The Childcare employees do not change diapers. If a child needs a diaper change, the parent who dropped them off will be asked to return to the room. A changing table is provided.
- If your child persistently cries for more than 10 minutes, you will be asked to return to the Childcare room. We ask for your cooperation and prompt response.
- Service is limited to two hours per visit. After two hours, a late fee of $10.00 per hour will be assessed.
- Grandparents who are members are permitted to use the complimentary Childcare for their grandchildren while working out.
- Please complete the attached Childcare Information, Permission to Respond to Minors, Waiver, and Sick Policy forms.
- To offer the safest Childcare, please be aware that space may be limited.
- Children may only be dropped off at Childcare by parents, guardians, or grandparents.

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HOURS OF OPERATION

MONDAY:	8:30am–2:00pm 2:30pm–9:00pm
TUESDAY:	8:30am–2:00pm 2:30pm–9:00pm
WEDNESDAY:	8:30am–2:00pm 2:30pm–9:00pm
THURSDAY:	8:30am–2:00pm 2:30pm–9:00pm
FRIDAY:	8:30am–2:00pm 2:30pm–9:00pm
SATURDAY:	8:00am–3:00pm
SUNDAY:	8:00am–3:00pm

WE CLOSE MONDAY – FRIDAY BETWEEN 2:00pm–2:30pm
TO THOROUGHLY CLEAN OUR ROOM.
HOURS ARE SUBJECT TO CHANGE BASED ON USAGE.

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Childcare INFORMATION

Parent or Guardian Name(s) (Please list all that apply): _____

Address: _____

_____

Cell #: _____ Email: _____

CHILD/CHILDREN:

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

PEDIATRICIAN'S NAME: _____

EMERGENCY CONTACT *(Someone other than yourself)*:

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS OR ALLERGIES THAT THE CHILDCARE STAFF SHOULD BE AWARE OF?

_____

_____

NO FOOD IS PERMITTED IN THE CHILDCARE FACILITY. THANK YOU FOR YOUR COOPERATION.

Parent or Guardian Signature: _____ Date: ___/___/___

Received by F&W Staff: _____ Date: ___/___/___

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Childcare
GENERAL WAIVERS

WAIVER

The undersigned parent/guardian on behalf of _____ ("child") agrees that engaging in any program, including Childcare at HackensackUMC Fitness & Wellness Center Powered by the Giants, shall be taken at the sole risk of the parent and child, including all consequential and incidental damages. The parent and child, for themselves and on behalf of their executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue HackensackUMC Fitness & Wellness Center Powered by the Giants (including its officers, agents, employees, and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any HackensackUMC Fitness & Wellness Center Powered by the Giants program. The undersigned parent declares that their child is physically fit and able to participate in Childcare. The undersigned parent declares on behalf of their child that the child participates at their own risk.

Signature of Parent or Guardian: _____ Date: ___/___/___

Print Name of Parent or Guardian: _____

Additional Children: _____

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Childcare
GENERAL WAIVERS

PERMISSION TO RESPOND TO MINORS FORM

In case of an emergency or incident, I (parent's name) _____ give permission to the staff of HackensackUMC Fitness & Wellness Center Powered by the Giants to evaluate, respond to, and notify Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at minor's side.

Child's Name: _____

Child's Age: _____

Child's Gender: _____

Any Food Allergies: Yes/No

If Yes, List: _____

Emergency Contact: _____

Emergency Contact Number: _____

Parent or Guardian Signature: _____ Date: ___ /___ /___

Please Print Name: _____

Received by F&W Staff: _____ Date: ___ /___ /___

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Childcare

SICK CHILD POLICY ACKNOWLEDGEMENT

SICK CHILDREN MUST BE KEPT HOME!

If your child is taking any type of antibiotics, running a fever, or experiencing stomach issues or vomiting, please allow 24-48 hours from the time the fever breaks, vomiting ceases, or antibiotics have been started before returning to Childcare.

If any staff members notice any signs or symptoms of illness, we will immediately notify you and ask you to remove your child from the facility.

Please sign below indicate that you are aware of, and fully understand, the SICK CHILD POLICY.

THANK YOU FOR YOUR COOPERATION.

Parent or Guardian Name: _____ **Date:** ___/___/___

Signature: _____

Child's/Children's Name(s): _____

_____

_____

_____