



WOMEN'S FITNESS FACILITY

# Daycare form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mom's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dad's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**IN CASE OF AN EMERGENCY:**

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

Relationship: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

**OTHER CONTACTS THAT CAN PICK UP MY CHILD:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE INITIAL THE FOLLOWING:**

\_\_\_\_\_ I understand that the rate is \$4.00 per hour at Xtreme Measures Daycare.

\_\_\_\_\_ I understand the hours to drop off my child are: M-F @ 8:00–1:30 & 4:00 – 7pm

\_\_\_\_\_ I understand I need to provide diapers, wipes, formula, & a bottle, if my child needs it.

\_\_\_\_\_ I understand that a \$4.00 fee will apply for each additional hour my child is in the daycare and will be assessed on the punch card.

\_\_\_\_\_ I understand there is a 24 hour advance notice to guarantee a time slot for my child(ren).

I hereby understand the rules and regulations of Xtreme Measures Daycare & the following information is accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**CHILD INFORMATION SHEET FOR TEACHERS**

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Right or Left Handed: \_\_\_\_\_ Allergies: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Fears: \_\_\_\_\_

Medications: \_\_\_\_\_ Time Given: \_\_\_\_\_

Any Limitations: \_\_\_\_\_

Please check the following:

- Diapers                       Potty Training                       Can go alone

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**SIBLING:**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Right or Left Handed: \_\_\_\_\_ Allergies: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Fears: \_\_\_\_\_

Medications: \_\_\_\_\_ Time Given: \_\_\_\_\_

Any Limitations: \_\_\_\_\_

Please check the following:

- Diapers                       Potty Training                       Can go alone

Additional Information: \_\_\_\_\_  
\_\_\_\_\_