

U.M.C.C. CHILD WATCH

INFORMATION PACKET

WE ARE HERE TO PROVIDE YOUR CHILDREN WITH A SAFE, FUN, AND ENRICHING EXPERIENCE WHILE YOU ENJOY ALL THAT THE COMMUNITY CENTER HAS TO OFFER!

CHILD WATCH

LOCATION

Upper Merion Community Center located on
431 W. Valley Forge Road, King of Prussia, PA 19406

TIME LIMIT

Maximum of 2 hours. Fees will be charged for exceeding the time limit*

AGES

3 months to 10 years

RATES

Members: FREE

Community Center Participants: \$6 per child per visit

*\$1 per minute fee exceeding 2 hour maximum. \$1 per minute late fee per child.

HOURS

Monday 9:00am – 1:00pm & 4:00pm – 8:00pm

Tuesday 9:00am – 1:00pm & 4:00pm – 8:00pm

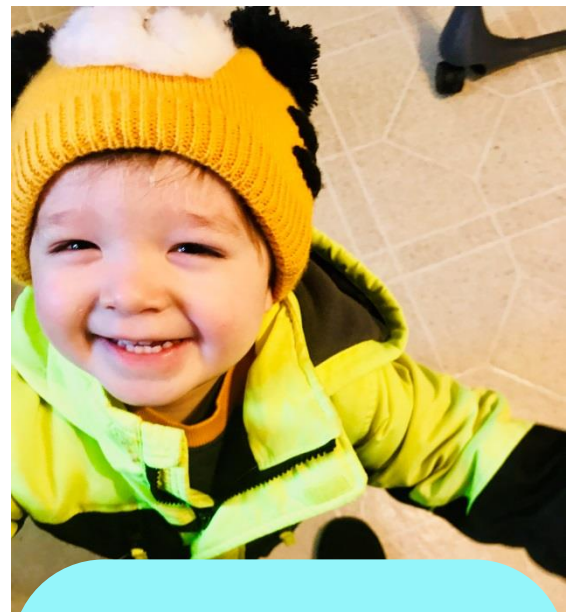
Wednesday 9:00am – 1:00pm & 4:00pm – 8:00pm

Thursday 9:00am – 1:00pm & 4:00pm – 8:00pm

Friday 9:00am – 1:00pm & 4:00pm – 8:00pm

Saturday 8:00am – 12:00pm

Sunday 9:00am – 12:00pm



QUALIFIED STAFF

Our caring and professional Child Watch staff members are certified in CPR, AED, and First Aid to ensure the safety of your child during their visit.

In addition, staff members work hard to develop a variety of age-appropriate activities to keep your child active and engaged in Child Watch.

WELCOME!

CHECK-IN

All children must have a parent/guardian (18+) signed parental agreement form on file at the UMCC Child Watch Center.

For your child's safety, a parent/guardian is required to sign your child in and out of Child Watch.

The parent/guardian who signs the child in must also sign the child out, unless prior arrangements have been made with Child Watch staff.

No one under the age of 18 is allowed to check children in and out of Child Watch.

BEFORE DROP OFF

- My child is wearing shoes, socks, and is dressed for play, crafts, games, etc.
- My child is in a clean diaper or has used the restroom.
- My child is well fed/nursed.
- All personal items are labeled with my child's name.

TIME LIMITS

Child Watch is not a licensed child care center. Consequently, state guidelines restrict your child's usage of Child Watch to no more than 2 hours total per day.

There will be a \$1 per minute late fee per child.

We recommend you limit your child's Child Watch visit to these age-appropriate lengths.

-  **3 months - 9 months** 30 mins
-  **9 months - 2 years** 1 hour
-  **2 years - 4 years** 1.5 hours
-  **4 years - 10 years** 2 hours

OUR POLICIES

CLOTHING

For your child's safety, socks are to be worn at all times. Winter items may be stored in Child Watch, but must be kept in a cubby.

CRYING

For the comfort of all Child Watch participants, we will page a parent/guardian if attempts to calm a crying child are unsuccessful for 10-15 minutes. Once paged, the parent/guardian must check the child out of Child Watch at that time.

FOOD & DRINK

For the safety of all children, food and drink is not permitted. Bottles for infants and water in spill-proof cups are permitted.

PARENT ON PREMISES

The Child Watch is not a licensed child care facility; therefore a parent/guardian **MUST** remain inside the Community Center facility during the child's stay. Failure to comply will result in revocation of Child Watch services.

ILLNESS

Children showing signs of illness will **not** be allowed in Child Watch. A child must be symptom-free for 24 hours in order to return. If your child has a communicable illness or head lice, please notify the Child Watch staff immediately so appropriate action can be taken.

DIAPERS

Please ensure that all children arrive in dry and clean diapers. Staff is not permitted to change diapers. We will page you if we require your assistance in changing your child.

LOST & FOUND

The Community Center is not responsible for belongings left behind. Items will be placed in our lost and found for one week. See the Front Desk for lost items.

TOY POLICY

We have many toys, books, and crafts to discover and explore in Child Watch. Please leave personal toys at home; they could get lost or broken and often cause conflict. If the toy is a needed comfort item please label it and take special care to remember it when you leave.

MEDICAL INCIDENT PROCEDURES

In the event of an accident, injury or medical incident requiring more than basic first aid, a child's parent/guardian will be paged immediately and a Child Watch staff member will call 911 if necessary.

ALLERGIES/MEDICAL CONDITIONS

Please remind us of your child's allergies and/or medical conditions you would like us to be aware of upon each visit.

DISCIPLINE & BEHAVIOR ISSUES

Our goal is to develop self-discipline and respect for others. When necessary, the following age-appropriate discipline will be used: We will use logical consequences and redirect children displaying inappropriate behavior. If a child's behavior is dangerous to others (i.e. biting, hitting, etc.) the parent/guardian will be contacted and the child will be removed from Child Watch. If behavioral issues continue, a child will be asked not to return for a period of time determined by the Child Watch staff.

EVACUATION PROCEDURES

In the event of a fire or other evacuation situation, the Child Watch staff will escort all children out the emergency exit to the designated safe area (see Child Watch desk for details). Parents/guardians will be allowed to check children out of Child Watch once the situation is safe and all children are secured.

UPPER MERION COMMUNITY CENTER

CHILD WATCH ENROLLMENT FORM

IDENTIFYING INFORMATION

Family ID#: _____

1. Parent/Guardian: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

2. Parent/Guardian: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

CHILD'S INFORMATION

1. Child's Name: _____ Sex: M/ F Birthdate: _____

Notes (allergies, medical conditions, etc.): _____

2. Child's Name: _____ Sex: M/ F Birthdate: _____

Notes (allergies, medical conditions, etc.): _____

3. Child's Name: _____ Sex: M/ F Birthdate: _____

Notes (allergies, medical conditions, etc.): _____

4. Child's Name: _____ Sex: M/ F Birthdate: _____

Notes (allergies, medical conditions, etc.): _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

EMERGENCY AUTHORIZATION: I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.

PARENT/GUARDIAN ACKNOWLEDGEMENT

I acknowledge that I have read and understand the Child Watch Procedures outlined in the Child Watch Parent Information Packet and will abide by those procedures.

Signature of Parent/Guardian: _____ **Date:** _____