



KID CENTRAL

Welcome to Kid Central, where kids ages 6 weeks through 8 years old can come & play while their parents work out! With plenty of toys, games, & activities, Kid Central is the perfect place for your child to have fun while you take care of yourself.

Please note that parents must be on-site while their children are in Kid Central.

KID CENTRAL HOURS	
Monday - Friday	8:00am - 1:00pm 3:00pm - 8:00pm
Saturday - Sunday	8:00am— 1:00pm

RESERVATIONS

...the best way to guarantee your spot in Kid Central!

- Walk-ins are welcome, but there is a chance you will be turned away if Kid Central is full.
- Reservations can be made up to 8 weeks in advance, with no limit.
- We have a 5-minute grace period for reservations; after 5 minutes of no-show, the reservation is forfeited to a walk-in client.
- Reservations should be made at least 24 hours in advance. Same-day reservation requests cannot be guaranteed.
- Parents who pay Drop-In (hourly) rates pay for their desired amount of time at the Front Desk on the day of their reservation.

- How to Make Reservations -

- **Call 971-371-7600** & ask to be transferred to Kid Central. If Kid Central is on another call, please leave a detailed message with your requested reservation date(s) & time(s).
- **Email laura@bethanyathleticclub.com** with your requested date(s) & time(s).
- **Sign up in-person** on the reservation sheet at the Kid Central check-in counter.

FEES & PAYMENT OPTIONS

NEW! PREMIUM Memberships

No additional fees	Up to 3 hours per day for all children on the account
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Standard Memberships & Non-Members

Cost per Child	# of Hours
\$15.00	3
<i>Pay at Front Desk & take receipt to Kid Central</i>	

MEMBERS-ONLY EVENTS

As an additional accommodation, Kid Central hosts monthly Date Nights & other events so parents can drop off their kids and enjoy some child-free time. *Unlike during standard Kid Central care, parents are free to leave the BAC premises.*

- **OTHER EVENTS:** Kid Central will advertise the dates, times, age group, cost, & activities included in these events as they come up. Past events have included cooking classes, crafts, art classes, & games.

What is KidCheck?

KidCheck is a secure children's check-in system that enhances your provider's security system and simplifies the check-in process. KidCheck helps ensure no one can pick up your child without your consent. **More information about KidCheck can be found at www.kidcheck.com.**

Key Benefits



Child Safety

- Easily create and update a list of who can (and cannot) pick up your children
- Upload photos of children and guardians for added security
- Provide medical and allergy information and alerts



Secure Information

- No one sees you or your child's information until you check-in to their facility
- KidCheck uses the same secure data technology as banks to keep your information safe
- KidCheck never asks for personal identification such as Social Security numbers, credit cards or banking information, and we never sell the information we do gather



Convenient

- Speedy check-in - simply input your 10 digit phone number
- KidCheck is web-based, so you can create and access your account from anywhere
- Text message notifications when your child is checked in and out, or in case of emergency

Account Setup Instructions

Signing up for KidCheck is easy and free for parents, guardians, and workers!

Sign-up

1. Visit <https://go.kidcheck.com> or **download the KidCheck app** on a mobile device
2. Select the link to create a free KidCheck account
3. Fill in the requested fields, and agree to the terms of use



Adding Children and Guardians

** If you are a volunteer/employee only, and have no kids to add, you may skip these steps*

1. Locate the "Kids" tab. Select the link to add a new child, and input your child's information and upload photos. Select the save button when you are done.
2. Locate the "Guardians" tab. This is where you will input additional guardians whom you would like to be able to pick up the children you've listed. Add their information and upload photos. Remember to click save when you are done.



Kid Central Policies

Parent Responsibility

We strive to provide a positive, fun experience for each child with constructive interactive programs. Each of our Kid Central attendants are CPR-Certified for your child's safety while in our care. **Parent(s) must remain within the club facility at all times while children are in our care**, unless the child is in a specified day camp or date night. If a parent/legal guardian is caught leaving the building, there will be two verbal warnings from Kid Central staff and the third warning will consist of a meeting with upper management. Parents are allowed to come back into the room for an adjustment period of approximately 10 minutes, otherwise only employees are allowed behind the gate. NO electronics for children. **Parents MUST have cell phones on them at all times AND give a specific location of where they will be in the club, for immediate pick-up of child, if needed.**

Drop off service

Kid Central staff must be always in ratio to the children (Under 23 months 4:1) (Over 23 months 10:1). We will take your child to their activity in the club, if we receive consent from the parent (such as basketball, swim lessons, kid's GX classes, craft club, etc.)

Sign In and Out

Parents must sign in and out when entering and leaving Kid Central and kid's classes. If someone different is to pick up the child, you must have this information on the sign in sheet and notify the staff.

Snacks

Children are allowed to have food in our facility (all items be labeled with child's name), except for NUT PRODUCTS or GUM.

Shoes

Shoes must be always worn in Kid Central. If your child is attending a sports class, we ask that they wear proper athletic shoes.

Illness Policy

For the safety and well-being of all the children, we strictly enforce the Illness Policy. If your child shows signs of illness during their stay, we will ask that you remove him/her from our care immediately. If the illnesses are due to allergies, a pediatrician's note is required. Children must be on antibiotics for 24 hours before returning to Kid Central. Please refer to our Kid Central Illness Policy for specifics.

Aggressive Behavior

Aggressive behavior such as hitting, biting, tackling, foul language, and continuous disrespect for authority will be dealt with immediately. The child will be isolated in a timeout while the parent is located for immediate pick up. There is no "Hide and Seek" or fake weapons for staff/children safety Please refer to our Kid Central Behavior Policy for specifics.

Emergencies

In case of an emergency involving your child, you will be contacted immediately. Please specify where you can be located on the sign-in sheet and always have cell phone on you.

Diapers and Wipes

We require parents to provide diapers and wipes. If no diapers are provided, we will charge \$1 per diaper, and \$0.50 per wipe usage.

Late Pick-Up

When a member arrives, please pay attention to Kid Central closing time. After the first time your child gets picked up late, there will be a verbal warning and the 2nd time the member will be charged \$2 per minutes passed closing time.

Vaccination

As part of our enrollment requirements, immunization is required for all children 6 weeks and older. Parents must provide an updated Vaccine Administration Record. It's important that children are fully vaccinated before they start our program to help protect children and staff. Late vaccination leaves children at risk of contracting serious diseases. **Failure to follow/honor the rules, this can impact your child's enrollment into Kid Central.**



Youth Assumption of Risk and Liability Release Agreement

Child's Last Name: _____ Child's First Name: _____

Child's Gender: Male or Female Date of Birth: _____

Guardian's Full Name: _____

Guardian's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Child's Allergies: _____

List all allergies or other health conditions including instructions for providing best possible care in regard to listed conditions.

Do any of medical conditions restrict the child's ability to participate in activities?

Alternate Emergency Contact: _____ Phone: _____

I, _____ am the parent/legal guardian or temporary guardian of

_____. I understand that my child's use of Bethany Athletic Club may

involve certain potentially dangerous activities, including but not limited to stretching, running, jumping, lifting weights, swimming, strenuous aerobic exercise and other exercises which may result in my child's heart rate to increase substantially during those activities. I acknowledge that the activities are inherently physically demanding.

In consideration of the club permitting my child to use the facilities, or to participate in the activities for myself and on behalf of my child, other heirs, family members, executors, administrators and assigners, I hereby knowingly assume all risks of physical emotional and economic harm which may occur as a result of my child's use of Bethany Athletic Club and its facilities and/or participation in any activity. I also release shareholders, employees, liability that may result from my child's use of Bethany Athletic Club facilities and/or participation in any activity.

At Bethany Athletic Club, discipline will be fair, consistent, reasonable, and will be based on the understanding of the child's stages of development and emotional needs. Acceptable behavior and respect for the right of others will be expected of children and the staff will help children achieve that goal. Bethany Athletic Club does not use verbal, physical or punitive punishment and we will not accept this kind of behavior from the children.

In the event of an emergency in which my child requires medical attention, Bethany Athletic Club has permission to take or transport my child via ambulance, at my expense, to the nearest medical facility and to authorize such medical treatment as deemed necessary by the medical staff. I understand that in the event of an emergency, Bethany Athletic Club will attempt to notify me as soon as possible at the telephone number listed above.

This authorizes Bethany Athletic Club staff to give permission to any medical personal to provide medical care as they deem necessary in the best interest of my child.

I have read and fully understand the content of this assumption of risk and liability release agreement.

Print Name: _____

Signature: _____ Date: _____



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
 Up-to-date
 Medical
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:
Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Signature of Parent or Guardian _____ Date _____

Optional:
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____