

# WELCOME TO KID CENTRAL



**BETHANY**  
ATHLETIC CLUB



Kid Central, where kids **ages 6 weeks through 12 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.

## NEW! Premium Memberships

No Additional Fee	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
\$20	3

*Pay at Front Desk & take receipt to Kid Central*

## MONTHLY EVENTS

As an additional accommodation, Kid Central hosts monthly Date Nights and other events so parents can drop off their kids and enjoy some child-free time. These events are open to both members and non-members. *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, and activities included in these events as they come up. past events have included cooking classes, crafts, art classes, and games.

## How to Make Reservations

- **Call 971-371-7600** and 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](mailto: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.



## 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](http://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 Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Child's Allergies: \_\_\_\_\_

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

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

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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 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, childcare 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		Home Telephone Number <i>Nombre de los padres o guardian</i> <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non medical

Vaccines	Dose 1 (mm/dd/yy)	Dose 2 (mm/dd/yy)	Dose 3 (mm/dd/yy)	Dose 4 (mm/dd/yy)	Dose 5 (mm/dd/yy)
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)					
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 Infl uenzae 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 \_\_\_\_\_

<b>For school/facility use only</b>
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.