



CHILD MINDING POLICIES AND WAIVER

Welcome to **Time Out Beauty Retreat Inc.**, ("Time Out") a family friendly facility that is here to make your life a little easier. As you are enjoying a well deserved Time Out, your child will be looked after by our caring staff, all of whom are trained in First Aid and CPR and have undergone a criminal records check. We have two rooms for your child to explore – our gross motor skills room and our fine motor skills room.

To keep your child happy, healthy and safe, we ask that you follow these guidelines:

- Please do not bring any food into the childcare room.
- Please label any drinks with child’s name. Please bring drinks in a spill proof cup/bottle.
- Please supply any diapers and or ointment necessary, we will provide wipes.
- Please do not bring any toys from home.
- Please have your child in socks before they enter the room.
- In consideration of other children and staff, please do not bring your child to the facility if they are sick.
- Please sign in every time you drop off your child.
- Please pay for your services prior to picking up your child.

In the event of an emergency evacuation procedure, our staff will be responsible for directly escorting the children out of the building. You may then pick up your child at the meeting point which is at the entrance to the parking lot.

By signing this waiver you agree to allow Time Out staff to perform any First Aid and/or CPR necessary. You will be notified of any incidents that may occur.

As with any childcare facility there is a degree of risk involved in leaving your child in a group situation. By signing below you hereby agree on behalf of yourself and the minor, your heirs and successors and hereby release, discharge and forever hold harmless, Time Out and its directors, employees, volunteers, and independent contractors, including their heirs, and successors, from any claims arising by reason of any disease, deterioration of health, illness or injury to any person, including death, the rendering of any medical procedures or treatment or for damage to or loss of any of your property resulting from or arising from being present on the premises or participation in any childcare program on the premises or the use of any facilities or equipment located on the premises or from the negligence of Time Out, their directors, employees, volunteers or independent contractors or from any other person using the premises. For purposes of any emergency procedure and treatment please confirm that your child’s blood type is ____ and your child has the following allergies and the medical conditions (if any) as follows:_____.

You understand that Time Out does not carry any insurance relative to the activities or for any injury that may occur to your child and represent that your child is covered by insurance through your insurance carrier.

Signature of Parent/Guardian:

Name of Child:

Emergency Contact Name and Phone Number:

Date: