



# PARENT HANDBOOK

**The purpose of Kids' Club is to provide a safe and fun environment for your children while you are using our Fitness Center, attending a Fitness Class or other programs offered at the Huntley Park District REC Center.**

### **Hours of Operation**

*Hours are subject to change*

#### **Mornings**

Monday - Friday

8:00am - 11:30am

#### **Saturday**

8:00am - 10:00am

#### **Evenings**

Monday - Thursday

6:00pm - 8:00pm

### **Membership Fees**

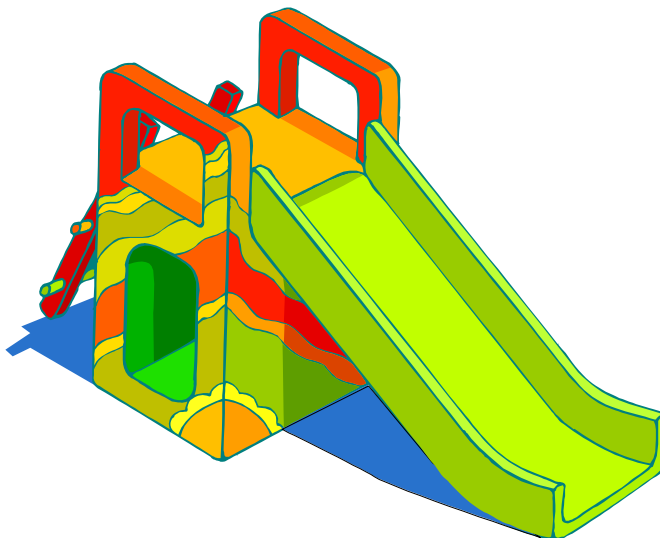
Kids' Club Babysitting Membership Fees	General Membership Rates	
	1 <sup>st</sup> Child	Each Additional
Daily	\$5	\$4
Monthly	\$20	\$15
Annually	\$204	\$120
Punch Pass (10-visits) <small>Fitness Center/Group Ex/Kids' Club</small>	\$70 (1 punch/visit per person)	

### **Ages**

Children must be between the ages of 3 months and 11 years.

Reservations are required for any child 3-16 months. Reservations must be made 24 hours in advance. To make a reservation, call 847-669-3180 Ext. 391. Reservations are on a first come, first serve basis. To guarantee your spot please call in advance or make your reservation in person at Kids' Club.

Parent(s) or Guardian(s) must be participating in an activity in the building unless special arrangements have been made with our Fitness Manager.



## **General Guidelines**

Maximum time limit in Kids' Club is 2 ½ hours. (Exception has been made for HPD employees).

Our current policy asks parents to provide their own snack foods for their child(ren). We encourage you to have any snacks/drinks in the Grand Hallway before entering Kids' Club.

Please take your child to the washroom before checking in at Kids' Club. There are restrooms available in the main lobby and in the Kids' Club room.

Staff is not allowed to change diapers. Parents will be notified if a diaper change is needed and they will need to change their child.

If a child has recently been toilet trained, a pull-up should be worn in case of an accident.

No medication will be administered to a child by staff. No medications will be allowed to accompany a child.

If your child should develop a communicable disease, please let us know as soon as possible so other parents can be informed.

We ask that you do not bring your child to Kids' Club with a fever or bad cold, as this endangers the health of other children and staff.

Kids' Club will observe the same holiday schedule as the Huntley Park District. Signage will be posted with holiday closings.

We recommend that children do not bring toys from home due to possible breakage, loss or conflict with other children. Exceptions can be made for a security item.

A child's behavior that disrupts the service or endangers him/her or other participants will be documented, and parent or guardian will be advised of behavior. Continued behavior could cause your child to be prohibited from attending the program.

A child cannot be released to a different individual without expressed written consent from the parent/guardian who dropped the child off at Kids' Club.

Please label your child's belongings, such as coats, hats, etc.

**Kids' Club is a peanut/tree nut FREE environment.**

**PLEASE FILL OUT THE INFORMATION ON THE NEXT PAGE FOR EACH CHILD AND RETURN TO THE STAFF OF KIDS' CLUB. PLEASE ASK STAFF FOR EXTRA FORMS, IF NEEDED. THANK YOU!**

Date \_\_\_\_\_

**Child:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**Care Giver/Drop-off Person:**

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_

**Parent(s) or Guardian(s):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Primary Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Numbers:**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**List any Medical Allergies, Illness, or other conditions below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_

**Child:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**Care Giver/Drop-off Person:**

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_

**Parent(s) or Guardian(s):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Primary Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Numbers:**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**List any Medical Allergies, Illness, or other conditions below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_