



**pcmarc**

A higher degree of play

**PARK CITY MUNICIPAL ATHLETIC & RECREATION CENTER  
CHILDCARE ADMISSION AGREEMENT**

**Name of Child 1#** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Food Sensitivities/Allergies?** \_\_\_\_\_

Does child have any medical conditions? If yes, please list: \_\_\_\_\_

Are Child's immunizations current: (if no, please explain) \_\_\_\_\_

**Name of Child 2#** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Food Sensitivities/Allergies?** \_\_\_\_\_

Does child have any medical conditions? If yes, please list: \_\_\_\_\_

Are Child's immunizations current(if no, please explain) \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Person(s) authorized to pick up my child(ren):**

1<sup>st</sup> Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>st</sup> Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name of child's Physician/Clinic:** \_\_\_\_\_

**Phone Number of Childs Physician/Clinic:** \_\_\_\_\_

As parent/guardian, I consent to have my child receive first aid by facility staff and, In case of emergency of serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.

**I attest that the above information is complete and correct.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**pcmarc**  
A higher degree of play

**PARK CITY MUNICIPAL CORPORATION  
PC MARC CHILD CARE CENTER**

**EMERGENCY PROCEDURES - BUILDING EVACUATION**

When a building evacuation alarm is sounded, or upon notification by a police officer or other city manager, to evacuate the building:

- Have children and staff WALK quickly to nearest exit, do not run.
- Assist people with special needs. Physically guide children with disabilities.
- Move to the outside designated evacuation area which is our Outdoor Tennis Court Area – at least 100 feet away from building.
- Keep streets and walkways clear for emergency vehicles and personnel.
- Call 911 and inform the DPS Dispatcher of location and status of children. Child Care Center personnel should have a cell phone.
- Call or request other staff assist with watching children if necessary.
- All parents and/or emergency contact individuals are to be contacted as soon as possible. A portable disaster file containing child emergency contact information is maintained and carried by the Child Care Center personnel if the property must be evacuated.
- Do not re-enter building unless advised to do so by DPS (police or fire) or Building and Safety Manager/Fire Marshall.
- A first aid/disaster kit is located within the Childcare Center.

Childcare Center staff is trained to make prompt and responsible decisions in any situation that could threaten the safety of the children. They are all trained in CPR and First-Aid, and will be in contact with local emergency service providers.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_