

Treehaven Swim Club 2021 Childcare Provider Form

Membership Name: _____

Address: _____

Cell phone: _____

Email address: _____

- This is to permit your child/children listed on your membership, admission to the pool with the Childcare Provider listed below when you are **not** present.
- If you are at the pool and your Childcare Provider is with you, **a guest fee must be paid**
- Child Care Providers are **not permitted** to bring guests on your membership.
- Child Care Providers are responsible for the supervision of your child/children – Not the lifeguards.
- Please write all **members living with you in your household** that will be with your Childcare provider. Include updated cell phone numbers and an emergency contact numbers.
- Thank you in Advance!

ONLY ONE CHILD CARE PROVIDER AT A TIME AT THE POOL!

Name of Provider	Address of Provider	Phone Number of Provider	Relationship to Child/Children

<i>Name of <u>each</u> child that will be with Child Care Provider</i>	<i>Age of Child</i>	<i>Emergency Phone number (not the same as provider listed above)</i>

Fill out and turn in with membership application. If filled out at a later date, please mail to: Treehaven Swim Club, P.O. BOX 1133, Aliquippa, PA 15001