The Child Watch program is provided to assist parents/caregivers while using the facility or attending a class with a child.

The program is **FREE** to the following:
- Adult members while using facility who need care for their child/children.
- Adults who are attending a parent/child class and need care for a sibling(s); the adult or the child must be a member.
- The adult must be on the premise at all times while the child is in our care.

All others may purchase a 5 pack of Child Watch visits for $50.
- Each visit is for up to 2 hours.
- The adult must be on the premise at all times while the child is in our care.

**CHILD WATCH AGES**
6 weeks to 8 years old

**CHILD WATCH HOURS**

**AM Care**
Monday - Friday 8:30am – 11:00am
Saturday 8:00am – 10:30am

**PM Care**
Monday – Thursday 5:00pm – 7:30pm

**SIGN IN/OUT PROCEDURES**
For the safety of the children, every parent or guardian using the Child Watch service will be required to sign in and sign out on the log sheets in the Child Watch room. If another person is picking up your child, please inform the Child Watch staff.

Photo ID is **REQUIRED** at all times to release your child.

*You must check-in at the Welcome Center desk before proceeding to Child Watch.*

- Members must swipe in with their/their child’s membership card.
- Those who purchased a 5 Pack must show a photo ID and sign in.
CHILD WATCH POLICY AND MEMBERSHIP CONFIRMATION

Please complete and return to the Welcome Center Desk at the Ocean County YMCA.

Name of Child ________________________________________________________________

Name of Parent __________________________________________________________________

Membership Number ______________________

I have received and read a copy of the Child Watch Policy and Procedures prepared by the Ocean County YMCA.

I understand that the Ocean County YMCA is not responsible for any lost or damaged electronic devices/personal items while in use in the Child Watch room.

Parent/Guardian Signature ______________________________________________________

Date ______________________

Welcome Center Staff Signature ________________________________________________

Date ______________________
INFANTS/TODDLERS
Please bring your child in HEALTHY, CLEAN, DRY, and PREVIOUSLY FED. Please label all prepared baby bottles and sippy cups. If needed, staff will change diapers, but parents must provide diapers, wipes and any other needed items for changes. Please provide extra clothing in the event your child needs to be changed. If your child is in the process of potty training, please bring a minimum of one pull-up and a change of clothes in case of an accident.

FOOD
Parents are asked to leave their child in Child Watch with a full tummy. You may bring in a small DRY SNACK in the event your child becomes hungry during their visit. Snacks containing nuts, whole grapes, peanut butter and popcorn are not permitted. Please notify the Child Watch staff at time of check in if your child has any allergies.

PERSONAL ITEMS
Please label all items belonging to your child. Please do not allow your child to bring toys, money, and/or other items from home as these objects pose a danger to small children. We cannot be responsible for lost or broken items. Electronic gaming devices are permitted; however, the content/games will be monitored for appropriate use. Please be advised that we are not responsible for any lost or damaged personal items.

PLAYTIME
Interaction is important in our Child Watch program. Your child will have the opportunity to play with other children and our caregivers. We will provide some structured activities such as reading, crafts and games. We have sensory/art supplies, blocks, books, music and toys to stimulate their imaginations. Your child will be treated in a friendly, positive and courteous manner. Please refrain from bringing any personal toys in to the Child Watch room. All personal items can be left outside in the cubbies.
UPSET CHILD

If a Child Watch staff is unable to console a child after 10-15 minutes of continuous stress, the parent/guardian will be contacted and asked to pick up the child from the Child Watch room. If you would like us to locate you after a shorter period of time, please let a staff member know.

ILLNESS POLICY

It is our sincere desire to provide quality care for your children while you are participating in various YMCA services and programs. For the safety and well-being of all children and staff, the following health and wellness policies will be strictly enforced. Children should not participate in Child Watch if one of more of the following conditions are present:

• A fever higher than 100.0 Degrees
• Continuous and/or colored nasal drainage
• Diarrhea
• Vomiting
• Communicable diseases (including pink eye, head lice, skin rash)

If children exhibit any of these symptoms during their stay, the parent/guardian will be asked to pick their child up promptly. Children may return to Child Watch if they are symptom free after 24 hours.

Please refrain from bringing any children who are not at school due to illness as they will not be permitted to stay in Child Watch.

If you have any questions or comments regarding our policy and procedures, please contact Melanie Horan, Child Watch Coordinator at 732 341 9622 ext 2299, childwatch@ocymca.org.
Child Watch Child Information Form

Please fill out this form and return to the Child Watch staff. The more information you share with us about your child, the more helpful it will be for us to strengthen our working relationship with your child.

Child’s Name ___________________________ Birthdate ___________________________

Parent Name ___________________________ Parent Phone _________________________

Other Emergency Contact __________________________

Relationship to Child ___________________________ Phone Number ______________________

1. Does your child have any siblings? Please list names and ages.

2. Are there any allergies, special medical needs, or medication taken on a consistent basis? If so, please explain and list any information that would be helpful in caring for your child should any issue arise (i.e. Epi-Pen, etc.)

**Please inform the staff at every visit of allergies, Epi-Pens, etc.**

3. What activities does your child enjoy doing?

4. What helps to comfort your child if they become upset?

5. Please list any other information you think would be helpful for us to get to know and care for your child.

Parent Signature: ___________________________ Date: _______________
Diaper Changing Authorization

Date _____________________

Name of Parent/Guardian ____________________________________________

Name of Child _____________________________________________________

I authorize Child Watch attendants to change my child’s diaper/training pants. I agree to supply diapers, wipes and any other supplies as needed. This authorization shall apply starting today (as dated below) and continue until I specify otherwise.

__________________________________________  ______________
Signature of Parent/Guardian       Date