

Kids Cove Babysitting Services Registration Form

Date: _____

IHF:___ CC:___ DUAL:___

Child's First name: _____ Last name _____

Parent/Legal Guardian Name: _____ Significant Other _____

Cell phone #: _____ In case of Emergency # _____

EMAIL address: _____ Home phone # _____

Child's age and DOB: _____

Doctor's name _____ Phone # _____

Does your child have any allergies, medical conditions, special needs or special dietary needs that we should be aware of? _____

*Kids Cove does not change diapers; if one needs to be changed we will call for you

Is your child in diapers* or potty-trained*? _____

Are there any other concerns that the babysitting service should be aware of? Please list here:

Alternate Pick-up Person _____

IN CASE OF EMERGENCY, I GIVE MY PERMISSION FOR MY CHILD TO BE TREATED BY HIS/HER DOCTOR, EMT OR THE EMERGENCY ROOM PHYSICIAN.

Parent's/Guardian Signature: _____

Babysitting services will be provided for members of Island Health & Fitness. Kids Cove is open Mon-Fri 8:45am-1pm & 3:45-7:30pm, Saturday 830-1:30 @ DT, 9-1230 @ CC and Sunday 9a-12:30pm. Due to space limitations, this service is provided to those members who are using the health facility and medical offices inside the building and have pre-registered their children with the Front Desk and completed this form. Please note that parents are to stay on the premises when using the babysitting service and maximum time limit is 2 hours per day, including both facilities. Monthly memberships are available, please inquire at front desk.

Please leave form to:
Meggan Conklin
Kids Cove Supervisor
Island Health & Fitness
310 Taughannock Blvd
Ithaca NY 14850
kidscove@cnyemail.com