Barshop Jewish Community Center of San Antonio
12500 NW Military Hwy., Ste. 275
San Antonio, Texas 78231
(210) 302-6820 ● www.jccsanantonio.org

J-CARE IN-TAKE FORM

Please complete one form per child

Child's Name: _____ Birthdate: _____

Parent 1 Name: _____ Parent 1 Cell Phone: _____

Parent 2 Name: _____ Parent 2 Cell Phone: _____

My child is up to date on all vaccinations: ___YES ___NO

Food Allergies: _____

Other Important Information regarding this child: _____

_____

J-CARE AGREEMENT FORM

As an exclusive service to JCC Members, the JCC provides babysitting (J-Care) for the temporary care of children while their parents/caregivers are using the fitness facilities or a JCC program/event. The undersigned agrees as follows with respect to each child utilizing J-Care Services:

- **Reservations:** I understand that reservations are required for J-Care and may be made up to 60 hours in advance.
- **Cancellations and No-Shows:** I understand that cancellations must be submitted at least two hours before the reserved start time. Late cancellations and no-shows are subject to a $10 fee per occurrence, per child.
- **Parent/Caregiver Availability:** I agree to remain on the JCC campus at all times while my child is in J-Care. Failure to comply may result in the loss of J-Care privileges.
- **Drop-Off and Pick-Up Times:** I agree to pick up my child by the end time specified in my reservation. A $10 late fee will be assessed if I am more than five minutes late.
- **Food and Snacks:** I understand that J-Care does not provide meals or snacks. Staff will offer snacks provided by the family only upon request.
- **Infant Feeding:** I understand that J-Care staff are unable to feed infants by bottle. I am responsible for ensuring that my baby's feeding needs can be met during the reserved J-Care period.
- **Behavior and Safety:** I understand that if my child exhibits challenging behaviors, including physical aggression, self-injury, attempts to hurt others, prolonged distress that cannot be soothed, ongoing difficulty following directions, or behavior that compromises the safety of themselves or others, I may be asked to pick up my child. Repeated or ongoing behavioral concerns may result in the suspension or revocation of J-Care privileges.

Parent/Caregiver Name (Please Print): _____

_____ _____

Signature of Parent/Caregiver Date