GREAT FALLS SWIM AND TENNIS CLUB 761 WALKER ROAD GREAT FALLS, VIRGINIA 22066

CHILD CARE PROVIDER FORM

MEMBER NAME		_
MEMBER NUMBER		_
MEMBER INFORMATION I	N CASE OF EMERGENCY:	
Home Phone:	Office Phone:	
NAME OF CHILD CARE PRO	OVIDER	
	HIS PERSON IS RESPONSIBLE FOR:	
	Age_	
DOES THE CHILD CARE DE	DOVIDED CWIM9 Voc No	
	ROVIDER SWIM? Yes No	
The child care provider must b	e 15 years of age or older.	
The child care provider is not p	permitted to bring guests to the facility.	
The child care provider is to their behavior while at the club	be attentive of children at all times and i	s responsible for
A seasonal childcare provider	fee of \$90 will be billed to your account.	
	MEMBER SIGNATURE	DATE