Calvin Childcare Room use form

Child’s name: ___________________________  Parent's/guardian's name: ___________________________
Age: ___________________  Home phone: ____________________

Child's name: ___________________________  Work phone: ____________________
Age: ___________________  Cell phone: ____________________

Child's name: ___________________________  Date(s) requested ____________________
Age: ___________________  Time requested ____________________

Where will parent/guardian be during this time?
Building & room # ____________________
Dept/class name (if applicable) ____________________
Emergency number ____________________

Childcare provider’s name ____________________

Terms of Service
Responsibility for selecting and employing a child care provider rests with each parent.
Calvin College is not responsible for selecting and employing a child care provider. Calvin only provides physical space in the Chapel (room 210/211) for child care to take place. Calvin College urges parents to carefully interview and check references before leaving a child in care.

A listing in the KnightVision web pages does not constitute a recommendation as to the quality of either care or of the care provider. The College does not screen or endorse the students who provide care.

Calvin College is not responsible for the welfare of the child, or for any illness or injury that takes place, while the child is in the care of your child care provider.

By your signature, you acknowledge that you have read and understood, and agreed to, these terms.

________________________  ____________________
Signature of parent/legal guardian  date

Please return this form to Jessica Folkema, Human Resources