RPHOA Request for Childcare Membership Form

ROCKLAND PARK
Homeowners Association

Date Card Requested: _____

Resident / Parent Full Name: _____

Property Address: _____

Name of Childcare Provider: _____

Child's Date of Birth: _____ **Phone Number:** _____
(dd/mm/yy)

Childcare Provider Home Address _____

Children who will be entering the park with the childcare provider:

1. **Name:** _____ **Age:** _____
2. **Name:** _____ **Age:** _____
3. **Name:** _____ **Age:** _____
4. **Name:** _____ **Age:** _____

I _____, permit _____ to have access to the Rockland Park Homeowners Association facilities and amenities with the above mentioned children. I assume full responsibility for my childcare provider and children and their actions at all times while they are accessing all of the RPHOA amenities. I have read and reviewed the RPHOA rules and regulations with my childcare provider as indicated on www.rocklandpark-connect.com, and am aware that all members and guests are permitted to use the RPHOA amenities at their own risk.

DATED this _____ day of _____, 20_____

_____
Signature of Rockland Park HOA Member