METRO DISTRICTS

Caregiver/Nanny Application

	Da	nte: _	/	_/202	_			
District Member Name:								
	First			Last				
District Address:	Timnath,		Colorado)	8054	47		
Phone: ()	Home	() cell 1		()	cell 2	
Email:								
Emergency Contact:								
				Ph	one :	()		
First	Last				-	<u>, , , , , , , , , , , , , , , , , , , </u>		
1 st Caregiver/Nanny Name								
	First			Last				
2 nd Caregiver/Nanny Name _				Last				
	First			Last				
*All persons 23 years of age or y Names(s)	ounger who reside at san	ne addre So	ex A	and are depende ge (Must fill in)	ent upor	vimming Ab	oility (Ciro	cle appropriate level)
		_ M	_ F	non-s	w1m	beginner	Inter	Advanced
		_M	F	non-s	wim	beginner	Inter	Advanced
		_M	_F	non-s	wim	beginner	Inter	Advanced
		_M	_F	non-s	wim	beginner	Inter	Advanced
		_M	F	non-s	wim	beginner	Inter	Advanced
I understand and ackno STMD/SWTMD Communit	wledge that everything y Center & Pool Rules,	on thi	, Guidelines ar	I have read ar d Regulation	nd will s inclu	ding, but not	limited t	o Community
Center & Pool membership for Two caregiver/nanny pass per parents. I assume full financi understand if I, my caregiver/ Regulations as well as any low violation.	r household. <u>Only one</u> al responsibility for an /nanny and/or depender	caregiv y dama nts viol	ver/nanny allow age caused by ate SWTMD/	wed to visit th caregiver/name STMD Comm	e pool ny to th nunity	at one time a ne Communi Center & Po	<mark>ind not in</mark> ty Center ol Manag	& Pool. I also gement Rules and
	R/NANNY PASS IS N	T TO	O BE USE IN	CONJUNC'	TION	WITH THE	PAREN	NTS. **
SIGNATURE:]	DATE	2:/	/ 202	2
SIGNATURE:]	DATE	2:/	/ 20	2

Both applicants/guardians SIGNATURES are required SEE the Community Center & Pool membership packet. 06-05-2020 Page 1 of 1