



**Lakeside Field Club**  
Pool & Tennis

5 Brookside Lane, P.O. Box 397, North Salem, New York 10560  
914.669.8477 [www.lakesidefieldclub.com](http://www.lakesidefieldclub.com)

**CHILDCARE/NANNY FORM**

MEMBER FAMILY NAME \_\_\_\_\_

TELEPHONE NUMBER WHERE MEMBER MAY BE REACHED:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

NAME OF CHILD CARE PROVIDER \_\_\_\_\_

NAME(S) OF CHILDREN THIS PERSON IS RESPONSIBLE FOR:

_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

DOES THE CHILD CARE PROVIDER SWIM? Yes \_\_\_\_\_ No \_\_\_\_\_

THE CHILD CARE PROVIDER MUST BE 15 YEARS OF AGE OR OLDER.

DATES CHILD CARE PROVIDER WILL BRING CHILDREN TO THE CLUB:

FROM \_\_\_\_\_ TO \_\_\_\_\_