

Anju's Daycare: Summer Exploratory Learning Program

Parental Waiver and Consent Form

Child's Information:

Name: _____

Age: _____

Allergies/Medical Conditions: _____

Parent/Guardian Information:

Name: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Program Participation Consent:

I permit my child to participate in Anju's Daycare's Summer Exploratory Learning Program. I understand the nature of the activities and acknowledge that my child is participating voluntarily.

Liability Waiver:

I release Anju's Daycare, its owner, and staff from any liability in the event of accidental injury or illness. I understand that reasonable precautions will be taken to ensure my child's safety.

Medical Emergency Consent:

In case of an emergency and if I cannot be reached, I authorize Anju's Daycare staff to seek necessary medical care for my child.

Photo/Video Release:

(Please check one)

☐ Yes, I give permission for my child to be photographed/video recorded for program marketing purposes.

☐ No, I do not give permission.

Refund & Cancellation Policy:

Cancellations must be made 24 hours in advance for a refund. No-shows without notice will not be refunded.

Parent/Guardian Signature: _____

Date: _____