

Calvary Early Learning Center Consent, Waiver and Release of Liability Form 2024-2025

I,	, hereby certify that I am the Parent
or Legal Guardian of the minor child:	
I hereby consent for my child to attend Calvary lactivities sponsored by Calvary Early Learning Consulted with Calvary Early Learning Center entirestructors. I have determined that the premises the care and custody of Calvary Early Learning Centrolled to use all of the play equipment and particular beautiful to use all of the play equipment and particular staff member for neighborhood walks or for fie grant permission for my child to be included in eprogram.	Center. I have inspected the premises and imployees, including teachers and are safe and I consent to leave my child in Center. I hereby grant permission for my ipate in all of the activities of the school. I be school premises under the supervision of ld trips in an authorized vehicle. I hereby
I represent that my child is properly immunized I represent that I have advised Calvary Early Leaphysical disabilities that my child may have. I a Learning Center, its directors, employees, and agarising from injury or illness my child may suffer disabilities that I previously disclosed to Calvary disabilities that I had knowledge of but did not detail to the content of the cont	arning Center staff regarding any allergies or gree to indemnify and hold Calvary Early gents harmless against any and all claims r as the result of food allergies or Early Learning Center, or food allergies or
I represent that my child has health insurance of coverage during the entire time my child attends Center. I have been advised that Calvary Early L insurance or medical coverage to my child, in an	or participates at Calvary Early Learning Learning Center does not provide health
I agree to indemnify and hold Calvary Early Lear agents harmless against any and all claims arisi participating in the activities of Calvary Early Le	ng as a result of my child attending and/or
I authorize Calvary Early Learning Center and it provide first aid care, or emergency medical care emergency medical care for my child as may applicated any and all medical expenses or costs that are injury when said illness or injury arises as while custody of Calvary Early Learning Center.	e to my child and/or to obtain such bear reasonably necessary in my absence, l. I agree to be financially responsible for necurred in treating my child for illness or
I CERTIFY THAT I HAVE READ THE ABOVE AG THEREOF.	REEMENT AND AGREE TO THE TERMS
Parent's signature	 Date