

Care Provider: _____

Liability Release Form/Parent

On admission of my child(ren) _____ to the Family Home Child Care Society of Pictou County, I agree to fully co-operate with the requirements of the program as outlined in the policies. I understand that my child(ren) will be placed in an approved home.

I hereby release the Family Home Child Care Society of Pictou County, its agents, servants and employees from any and all liability for any person or consequential injury or illness occurring to my child(ren) while he/she/they are in the care of the Society, its agents, servants, and employees or while my child(ren) is in the Family Home Child Care Program.

Signature: _____
Parent

Date: _____

Witness: _____

Date: _____