



Celebrating Over 30 Years

79 Jackman Avenue
Toronto, Ontario M4K 2X5
416-466-8715
jackmandaycare@bellnet.ca

SPECIAL CONSENT FORM

Child's Name _____ Parent's Name _____

My Child will be picked up by (name) _____

Date & Time _____

They can be reached by (phone) _____

My Child has permission to participate in before school, lunch, and/or after school activities sponsored and supervised by TDSB staff on Jackman School grounds. The Daycare has my permission to allow my child to attend these planned and/or spontaneous activities on the following dates:

My Child will be participating in (event, team, etc.) _____ and has my permission to leave the Daycare early or be absent on the following dates:

By signing below I release Jackman Community Daycare from any and all liability and waive all claims to any and all damages whatsoever and however caused, because the Daycare permitted my child to leave the Daycare in accordance with the permission I have granted above.

Parent's Signature

Date

(By filling this out and sending via email we consider this form to be signed electronically)

You can reach me at: _____

Parent's Work Number

Parent's Cell

Please remember to call your child's daycare room if they will not be coming to daycare at all