



## CHILD CARE LIABILITY WAIVER

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies?: \_\_\_\_\_

Special Notes: \_\_\_\_\_

---

Parent/Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

---

### Emergency Contact

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Child Care Policies and Procedures

- Maximum hours allowed per day: 2 hours
- Anyone under the age of 18 should not be in the waiting area once the session begins.
- For the well-being of the other children, please refrain from bringing a sick child into the childcare area
- The child room will provide age appropriate toys. For safety and hygienic reasons we ask that children refrain from bringing their own toys to the childcare Area.
- Disruptive or inappropriate behavior will not be tolerated. In these circumstances, parents will be notified immediately. After 3 incidents child will not be allowed to return.
- If a child is inconsolable for more than 15 minutes, parents will be notified and asked to return to the child care area to assist staff.
- Parents will be responsible for any damages caused during their child's visit.
- Children will be released ONLY to the person who dropped them off.
- Medications will not be administered by child care staff.
- Please bring your child freshly diapered. We do not provide diaper changing service. If a diaper change is needed, parents will be asked to return to the childcare area and change the diaper

I, the undersigned, hereby hold harmless, waive and release CAFY Counseling and Family Center, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at CCFC. I understand that this is not a licensed childcare facility. I understand that childcare services are provided only while I am present in the building and in a session. I understand that childcare services are provided for a nominal fee. I understand that if my child should become inconsolable during the session, I am responsible to leave the session and attend my child. I have read, understand and agree to adhere to the Childcare Policies and Procedures of CCFC listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check In Time: \_\_\_\_\_ Check Out Time: \_\_\_\_\_

CAFY Confidential once completed