



Koala Park, LLC
7 Armourville Ave
Tuckahoe, NY 10707
Phone: (914)337-0110
E-mail: contact.us@koalaparkdaycare.com
Website: www.koalaparkdaycare.com

PARENT CONSENT FORM

I consent to the enrollment of _____ (child's name) in the program offered by Koala Park and have been advised of the policies regarding fees, and services by Koala Park and the New York State Office of Children & Family Services regulations under which it operates.

I give permission to Koala Park for the following:

- To seek emergency medical treatment for my child in the event I cannot be reached.
- To have my child participate in field trips and outings under the supervision of the Koala Park staff.
- To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, for fund-raising or public relations.
- To release my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge (please include names and phone numbers):

1. Name	Relationship to Child	Cellphone#
2. Name	Relationship to Child	Cellphone#
3. Name	Relationship to Child	Cellphone#
4. Name	Relationship to Child	Cellphone#
5. Name	Relationship to Child	Cellphone#

Parent Signature:

Date: