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| **PARENTAL LIABILITY FORM** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , allow my child / children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , to profit from the services provided by Bahar Women’s Association.

Therefore, I’m fully responsible of my child / children (at the Little London Community Centre) for any issues that occur to them / by them such as :

1. Getting hurt;
2. Getting sick;
3. Getting lost;
4. Getting into a fight with another child or staff member;
5. Any other incidents.

I understand that if my child / children repeatedly disturb the classes, I’m responsible to handle it / to not bring them to the Little London Community Centre anymore.

I understand that Bahar Women’s Association does not provide nursery assistance at the Little London Community Centre for children over 1 years old.

I confirm that I have read the ‘Safeguarding’ and ‘Health and Safety’ policies accessible via the official website (<http://www.baharwomen.org/policies-and-evaluation.html>).

I agree to share my emergency contact details so that Bahar Women’s Association can get in touch in case of any incident.

------------------------------------------- Emergency contact information ------------------------------------------------

Name of guardian :

Phone number of guardian :

Email of guardian :

Name of GP and/or health visitor :

Phone number of GP and/or health visitor :

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Name: BWA staff member:

Date: Date:

Signature: Signature: