



T.L.C. Inc.
115 Technology Drive
Suite B306
Trumbull,
Connecticut
06611

Office phone:
203 - 452 - 9626

E-mail:
info@tlctrumbull.com

Web Page:
www.tlctrumbull.com

Date: _____

Parent(s)/Guardian(s): _____

Child Name 1: _____

Child Name 2: _____

Child Name 3: _____

TLC Centers: BH DFS FR JR MB TA

I/We _____ (parents/guardians),
understand that Trumbull Loves Children, Inc. does not normally
enroll children without family Health Insurance coverage.

Because I/we _____, do not
currently have Health Insurance Coverage for my/our
child/children, I/we agree to not hold Trumbull Loves Children,
Inc. financially liable should my child/children get injured while
under the care of Trumbull Loves Children, Inc.

Mother/Guardian Signature

Father/Guardian Signature

Mother/Guardian-print name

Father/Guardian-print name

Date

Date