



T.L.C. Inc.
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Trumbull,
Connecticut
06611

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E-mail:
info@tlctrumbull.com

Web Page:
www.tlctrumbull.com

Date: _____

Parent(s)/Guardian(s): _____

Child Name 1: _____

Child Name 2: _____

Child Name 3: _____

Please Circle TLC Center:

BH DF FR JR MB TA

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

Because I, do not currently have Health Insurance Coverage for
my child/children, I 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.

Parent/Guardian Signature

Date