



# YORKTOWN COMMUNITY NURSERY SCHOOL

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[www.ycns.org](http://www.ycns.org)

## Sibling release

I agree to take full responsibility for my child \_\_\_\_\_ while I am participating in class at YCNS for the \_\_\_\_\_ school year. I understand that I am solely responsible for his/her safety and supervision during class hours. I agree to indemnify and hold harmless YCNS and its employees, officers and agents from any liability.

Name \_\_\_\_\_

Signature \_\_\_\_\_