



Bahadurgarh

Anganwadi Adoption Program

Dear Parents,

We are pleased to inform you that our school is initiating an **“Anganwadi Adoption Program”** as part of our commitment towards community service and social responsibility.

Objective of the Program

To improve the health and nutrition of Anganwadi children through awareness, interaction, and support over a period of six months.

Student Participation

Students of **Classes VI to VIII** will actively participate in this initiative through:

- Visits to nearby Anganwadi centres (twice a month)
- Buddy system (pairing with Anganwadi children)
- Conducting activities like:
 - Posters and skits on healthy eating & hygiene
 - Storytelling and interactive sessions
 - Recording height and weight (for monitoring growth)

Program Highlights

- Duration: **6 months**
- Focus areas:
 - Nutrition awareness
 - Hygiene practices
 - Community engagement

Learning Outcomes for Students

- Development of empathy and social responsibility
- Awareness about health and hygiene
- Leadership and communication skills

This program is a meaningful opportunity for our students to contribute positively to society while learning valuable life skills.

We request you to kindly **grant permission for your ward to participate** in this initiative.

Regards

TEAM GDGB

CONSENT FORM (To be submitted to Class Teacher)

ANGANWADI ADOPTION PROGRAM – PARENT CONSENT FORM

I, _____ (Parent/Guardian of) _____

(Student's Name), Class _____ Section _____ give my consent for my child to participate in the **Anganwadi Adoption Program** organized by the school.

I understand the nature and purpose of the program and will encourage my child to actively participate in all related activities.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Contact Number: _____