

Valley Stream Christian Academy
Lunch Time Consent Form

I the undersigned request that my child/ward, _____, be permitted to leave school premises during his/her designated lunch time. I understand that this time may change to accommodate special school events.

SCHOOL NAME AND ADDRESS: Valley Stream Christian Academy
12 E. Fairview Avenue, Valley Steam NY 11580

START DATE: _____ END DATE: _____

RELEASE OF CLAIMS AGAINST BETHLEHEM ASSEMBLY OF GOD AND VALLEY STREAM CHRISTIAN ACADEMY.

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in off premises lunch time. I understand that there are risks in my child's presence. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S OFF SITE PRESENCE . I HEREBY RELEASE THE SCHOOL, BETHLEHEM ASSEMBLY OF GOD, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION OFF SITE LUNCH TIMES.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE SCHOOL/BETHLEHEM ASSEMBLY OF GOD AND I SIGN IT OF MY OWN FREE WILL.

I understand that there is no supervision for off premises lunch privileges and acknowledge that I permit my child to leave the premises at their own risk.

I AGREE THAT MY CHILD MUST RETURN TO THE SCHOOL PREMISES IMMEDIATELY AFTER PURCHASING FOOD AND IS NOT PERMITTED TO REMAIN IN ANY LOCAL RESTAURANT TO EAT.

I AGREE THAT MY CHILD WILL WEAR A MASK AND PRACTICE 6 FT SOCIAL DISTANCING REQUIREMENTS AT ALL TIMES WHILE OFF CAMPUS DURING LUNCH.

I UNDERSTAND THAT VSCA WILL PROVIDE A LUNCH ROOM IN THE MMC CHAPEL AREA ALLOWING FOR THE MIXING OF COHORTS; HOWEVER, SOCIAL DISTANCING RULES WILL BE MAINTAINED.

I AGREE THAT MY CHILD WILL PROVIDE HIS/HER CELL PHONE NUMBER IN THE EVENT THE SCHOOL MUST CONTACT THEM FOR EMERGENCY PURPOSES.

STUDENT CELL PHONE NUMBER

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform to directions of the supervising personnel. I understand that my child's behavior outside the school building is to conform with all in-school policies and regulations. I understand that the administration of VSCA has the right to discontinue off premises lunch time. If this consent form is not notarized, I understand that my child will not be permitted to leave school premises.

SIGNATURES

Parent/Guardian Signature: _____ Date: _____
Please Print Name: _____ Phone: _____

NOTARY

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

(Please Stamp)