

Valley Stream Christian Academy  
Lunch Time Consent Form  
2024-2025 School Year

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 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 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.

SIGNATURE:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTARY

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Please Stamp)