



# DISCLAIMER FORM & MICHIGAN STATE POLICE BACKGROUND RELEASE

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CHILD HEREBY AGREE TO:

1. Assume all responsibility for the above named child while going to and from school.
2. Absolve the preschool, participating parents, and teachers from all financial responsibility in case of injury or illness of child.
3. Allow the above named child to attend any class special event that is part of the school program.
4. Grant the preschool permission to have a doctor or hospital administer emergency medical aid to the above named child in the event we cannot be reached.
5. Provide required information and submit to a background screening by the Department of Social Services and the Michigan State Police for us, and any other adult who may be working on our behalf in the classroom with the children.
6. Notify the school of any felony convictions, past or future, on us or any other adult who may be working on our behalf in the classroom with the children.
7. Comply with all the rules and regulations of the Novi Co-op Preschool as outlined in the bylaws and Novi Co-op Constitution.

Please have each parent fill out this form, even if they will not be volunteering in the classroom. If another person, such as a grandparent will be volunteering in the classroom, they must fill out this form as well. Each person must answer the following questions and sign below.

Have you ever been convicted of a felony?	Yes	No
Date of Birth: _____	Please Circle One:	Male      Female
_____	_____	_____
Full Legal Name		Race
_____	_____	_____
Signature		Relationship to Child

Have you ever been convicted of a felony?	Yes	No
Date of Birth: _____	Please Circle One:	Male      Female
_____	_____	_____
Full Legal Name		Race
_____	_____	_____
Signature		Relationship to Child