**NOVI CO-OP PRESCHOOL**

**DISCLAIMER FORM AND 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/guardian or other adult who may work in the classroom sign below and individually answer the following question:

Have you ever been convicted of a felony? Yes _____ No _____

_____

Signature Date Relationship to Child

Have you ever been convicted of a felony? Yes _____ No _____

_____

Signature Date Relationship to Child