

City of Faith Christian School

Advancing the Kingdom Of God by Developing the Next Generation of Leaders

3445 & 3453 White Plains Road ♦ Bronx ♦ New York 10467 ♦ Tel: (718) 798-3052 ♦ Fax: (718) 652-5442

STATEMENT OF COOPERATION and WAIVER OF LIABILITY

I recognize that attendance at City of Faith Christian School is a privilege and not a right. Parents are expected to cooperate with and support the school and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the school if they do not conform to the standards and way of life at this school. City of Faith Christian School reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the school, does not conform to the spirit of the school. I understand that if my child(ren) deliberately destroys any school property, I will have to refurbish same at my own expense.

I further understand that City of Faith Christian School policy prohibits refunds of registration fees and the first tuition payment.

In the event that a City of Faith Christian photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used in future brochures, videos, or other publications of City of Faith Christian School, Inc., or its affiliate corporations.

I give permission for my child, whose name is set forth below, to take part in all activities, including without limitation, transportation to and from recreational activities, bus trips, sports activities and school-sponsored trips away from the premises. I indemnify and save City of Faith Christian School, its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorneys' fees resulting from or arising out of the participation by my child in the above mentioned activities. I understand that City of Faith Christian School does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred. I understand that if my child is involved in any maladaptive behavior or disobeys school safety procedures that results in harm or injury, I will hold the school totally harmless/faultless of my child's injury. I/we understand that my child is expected to function as a member of a class. If there are issues that prevent my child from achieving at the stated level, it is my responsibility to collaborate with the school and other outside professional agencies to ascertain the help needed. I/we agree that the school reserves the right to disenroll a child if he/she presents challenges and behaviors beyond the scope of the school's ability to handle.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to City of Faith Christian School.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends City of Faith Christian School, whether it be in the Preschool, and Elementary, or Summer School. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

List children's names and grades:

Signature of **both** parents:

Mother	Date
Father	Date
Sole Guardian	Date