

KIDLIFE PRESCHOOL
1511 U. S. 301 South
Tampa, Florida 33619
813-626-4600

STATEMENT OF COOPERATION

I give Harvest Time of Tampa, Inc., d.b.a. KIDLIFE PRESCHOOL, permission for my child(ren) to take part in preschool sponsored trips away from preschool premises. I also give KIDLIFE PRESCHOOL permission to transport my child(ren) in a school vehicle. KIDLIFE PRESCHOOL will always provide parents written notice prior to any trip.

I believe that discipline is necessary for the welfare of each child, as well as for the entire preschool. I give permission for my child's caregiver/teacher and/or any other agent of the preschool to make and enforce regulations with regard to my child(ren) in a manner consistent with Christian principles and discipline as set forth in the Holy Scriptures. I understand that if, in the opinion of KIDLIFE PRESCHOOL, the circumstance warrants, I will be notified of my child's aberrant behavior and agree to retrieve him/her from KIDLIFE PRESCHOOL if asked to.

I further agree to hold the daycare and its agents harmless for any liability to my child, guardian or parent thereof, because of any claims on behalf of my child(ren) against the daycare, by reason of any injury or alleged injury to my child(ren). Should legal action, for any reason, be taken against KIDLIFE PRESCHOOL or any employee thereof, on my child's behalf, and the preschool or its agents are found not to be at fault. I agree to pay any attorney fees, court fees, damages, or other costs that Harvest Time of Tampa, Inc. d.b.a. KIDLIFE PRESCHOOL or its agents should incur to defend itself against such action.

In case of emergency, I give Harvest Time of Tampa, Inc. d.b.a., KIDLIFE PRESCHOOL permission to transport or have my child transported to a physician or hospital and be treated as needed.

Name of Child(ren) _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Notary of Public (seal)

On this _____ day of _____ Year _____

Notary expiration date _____

Notary's Signature _____