

CHILD'S NAME(s) _____
DATE _____

PLEASE SIGN THE FOLLOWING AND RETURN TO THE SCHOOL OFFICE BEFORE THE END OF THE FIRST WEEK OF YOUR CHILD'S ADMISSION:

NUTRITION (toddler through primary) I agree to provide a lunch for my child or purchase a school provided lunch if desired when he/she is at the school over the lunch hour.

signature of parent

WEB PAGE PHOTO RELEASE:

I give permission for The Children's House, Grand Traverse to use photographs on the school web page taken at the school of my child for school-related activities, projects and promotional purposes.

signature of parent

PHOTO RELEASE:

I give permission for The Children's House, Grand Traverse to use photographs taken at the school of my child for school-related activities, projects and promotional purposes.

signature of parent

PROGRAM PLACEMENT:

I understand the Montessori program goals and objectives and agree with this program placement for my child.

signature of parent

FIELD TRIPS: (Extended Day and Elementary children only)

I give my permission to The Children's House, Grand Traverse for my child to be transported in a vehicle and/or participate in field trips.

signature of parent

SUNSCREEN:

I give permission to The Children's House staff to apply SPF 15 or higher sunscreen to my child as needed.

signature of parent