

PERMISSION FORM

CHILD 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

PHOTO RELEASE:

I understand that pictures and video taken at school in which my child may appear may be used for educational or public relations purposes, in articles, magazines, films, on the web and the like. I give permission for the Montessori Children's House, Grand Traverse to use photographs at the school of my child for school-related activities, projects and promotional purposes.

signature of parent

PROGRAM PLACEMENT:

I understand The Children's House program goals and objectives, services, policies and procedures and agree with this program placement for my child.

signature of parent

FIELD TRIPS: (Kindergarten and Elementary children only)

I give my permission to the Montessori 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 Montessori Children's House staff to apply SPF 30 or higher sunscreen to my child as needed.

signature of parent