

Montessori Academy of Windsor

Dusanka Stulic, Director and Principal

PERMISSION TO TAKE PICTURES

I give permission to the school to take pictures of my child _____

For the following reasons only:

- For articles in newspapers, magazine reviews, parent newsletters.
- For special days like Fall Festival, Spring Concert, field trips, outdoors play, group plays, etc...

Parent / Guardian Signature: _____

Date: _____

PERMISSION TO USE PICTURES

I give consent to the use of our child's photo in school information, scrapbooks, website or other publications (newspapers or magazines):

____ YES ____ NO

CLASS CONTACT LIST

Each class will be given a class list with the child's name, address, and phone number (in case children would like to get together after school hours to play). I consent to having my information published on the class list:

____ YES ____ NO

EMERGENCY RELEASE FORM

In the event of an Emergency, if the school cannot reach a parent/ guardian, I authorize that the school get all-medical attention needed for _____ immediately.
(Child's full name)

MOM / GUARDIAN SIGNATURE: _____

DAD / GUARDIAN SIGNATURE: _____

HEALTH CARD NUMBER: _____ Date: _____