

Child's Name _____ Date _____

Allergies/Medications: _____

Health Conditions: _____

Prohibited Foods: _____

Please describe any special situations that we should be aware of as we work with your child:

I give my permission for myself and for my child to be photographed within the Parent-Child Community for posting on the Montessori Children's House e-mail updating.

Signature

I give my permission for myself and for my child to be photographed for school online and print-based publicity purposes.

Signature

I give my permission for my child to be given emergency first aid treatment in case of an accident.

Signature

I give my permission for my family's contact information to be included in a class list for distribution among class members.

Signature

I give my permission for involvement of my child in educational research done by Seton Montessori.

Signature

Names of adults who will regularly participate in Parent-Child sessions with your child:
