Monarch Early Childhood Services

Montessori Preschool of Family Pathways

Handbook and Additional Release Form

***Photography Release***

* I authorize Montessori Preschool of Family Pathways to take photographs of my child. I agree that Montessori Preschool of Family Pathways may use such photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertisements, and web content.
* I decline authorization for Montessori Preschool of Family Pathways to photograph my child.

***Consent for minor first aid***

* + I authorize Montessori Preschool of Family Pathways to treat minor cuts and abrasions suffered while at Montessori Preschool of Family Pathways.
  + I decline authorization for my child to receive any treatment at Montessori Preschool of Family Pathways and will pick up my child immediately if they suffer any minor injury.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ read and understood the Montessori Preschool of Family Pathways Family Handbook. I also acknowledge that field trips will be conducted and that is my choice if my child shall participate in them or not and that I will provide transportation for my child on such trips.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_