

Brookside Montessori School

3708 Rosemont Avenue, Camp Hill, PA 17011

Phone: (717)737-9517

Susan A. Curley, Owner/Director

~ BROOKSIDE PERMISSIONS FORM - 2017-2018 ~

*** Please note that the permissions form must be renewed annually. ***

General Information	
Your Child's Name:	
Parent(s) Name(s):	
Address:	
Home Phone #:	
Cell Phone #:	
E-mail Address:	

Field Trip Permission
I grant permission for my child to participate in field trips and excursions away from the school premises. I am aware that transportation will be provided by the school staff as well as by the parents (volunteers/helpers) of other students. YES _____ NO _____ <i>** Please initial your response, yes or no. **</i>
In granting permission for field trip attendance, I agree to pay \$75.00 to cover the cost of all field trips for the 2017-2018 school year. Excess funds from this payment will be applied to expenses for the 2017 Holiday Party and the 2018 End-of-Year Picnic. Check #: _____ Amount Paid: _____

Publicity Permission
I grant permission for my child to be used in photographs, television and radio interviews for publicity purposes for the Brookside Montessori School. YES _____ NO _____ <i>** Please initial your response, yes or no. **</i>

Class List Permission

I grant permission for my name, address and phone number to be used in the creation and publication of a class list. This list will be distributed ONLY to those parents who have a child enrolled at Brookside Montessori School. This list WILL NOT be posted on-line/on our school website.

YES _____ NO _____
 ** Please initial your response, yes or no. **

Emergency Care Permission

I understand that I will be notified immediately in case of an accident. I grant permission to the Brookside Montessori School Staff to transport my child to the nearest emergency care facility, if required. I grant permission to the Brookside Staff to secure any necessary emergency medical treatment for my child in my absence, until I can be present to relieve them of the responsibility.

YES _____ NO _____
 ** Please initial your response, yes or no. **

Emergency Contact Person:	
Emergency Contact Phone #:	

Insurance Information

Child's Name:	
Child's Date of Birth:	
Insurance Company:	
Insurance ID#:	
Any known allergies:	

Signature(s)

Parent Signature:		Date:	
Parent Signature:		Date:	