

**Brookside Montessori School**  
 3708 Rosemont Avenue, Camp Hill, PA 17011  
 Phone: (717)737-9517  
 Susan A. Curley, Owner/Directress

**~ BROOKSIDE PERMISSIONS FORM - 2024-2025 ~**

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

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

<b>Field Trip Permission</b>
<p>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 school staff as well as by the parents (volunteers/helpers) of other students.</p> <p style="text-align: center;">YES _____ NO _____</p> <p style="text-align: center;"><i>** Please initial your response, yes or no. **</i></p>
<p>In granting permission for field trip attendance, I agree to pay a fee of \$200.00 to cover the cost of all field trips and special events throughout the 2024-2025 school year. Any excess funds from this payment will be used to purchase individual student supplies.</p> <p style="text-align: center;">Check#: _____ Amount: _____</p>

<b>Publicity Permission</b>
<p>I grant permission for my child to be used in photographs, television and radio interviews for publicity purposes for the Brookside Montessori School.</p> <p style="text-align: center;">YES _____ NO _____</p> <p style="text-align: center;"><i>** Please initial your response, yes or no. **</i></p>

### 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: