

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

~ BROOKSIDE PERMISSIONS FORM - 2025-2026 ~

*** 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
<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 2025-2026 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>

Publicity Permission
<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: