



GRACE MONTESSORI SCHOOL

1112 N. 9th Ave., Melrose Park, Il. 60160 Tel. (708) 344-7257 Fax No. (708) 344-7257

Agreements and Consents

Child's Name: _____

I give consent to Grace Montessori School to perform/exercise the following if applicable.

1. Visits, trips or excursions off the premises, including transportation arrangements, when appropriate.
2. Health care and treatment, including emergency first aid.
3. Child's involvement in research, if applicable.
4. Formal religious instruction or observances, if applicable.
5. Use of photographs, film or video of children.
6. School attendance away from the center, if applicable, including the time the child shall be released and the means of transportation the child shall use.
7. Participation in athletic activities such as swimming or gymnastics, if applicable.
8. Use of facility transportation, if applicable.

I understand that by signing my name below I am giving Grace Montessori School permission as indicated and further, my signature signifies that I have read and understood the above.

Parent's Signature

Date