



# Lakewood Montessori Christian School

EST. 1986

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Rest Instructions

- I request that my child takes a nap during the nap time scheduled
- I request that my child does not take a nap and continues to participate in the Montessori Program as scheduled. If for some reason, my child is really tired and would like to have an afternoon nap, that option should remain open to him/her.

## 2. Parent Consent

- If, at any time, due to such circumstances as accident, sudden illness, or emergency, medical treatment is required, this may be given, including anesthetic, necessary, by a private physician or hospital.
- I do not agree to the above Parent Consent, see my request attached. (Please attached your specific instructions)

## 3. Walking Consent

- My child has my consent to participate in trips within walking distance of the school. I understand that my child will be escorted and supervised at all times by a staff member at Lakewood Montessori Christian School.
- My child does not have my permission to participate in walking distance trip

## 4. Authorization to Lakewood to Administer such items as:

- Sunscreen
- Skin lotion
- Lip Balm
- Hand Sanitizer
- Diaper Cream
- Vaseline

**Please label ALL items with your child's first and last name**

## 5. Photo/Video Release Form

Throughout the year, the children may have the opportunity to be photographed/videotaped during class or at various events. With permission from parents, these photos may be included for advertisement or used on our school website/social media. To ensure privacy, specific names of children will not be included. No financial compensation shall be given for the use of any photographs or videotapes. I consent to and authorize the use of any and all photographs/videos which may have been taken of my child for the choices below.

- |  |           |          |
|--|-----------|----------|
| 1. Photos of my child may be used in the photo displays in the school    | Yes _____ | No _____ |
| 2. Photos of my child may be used on the Lakewood Website / social media | Yes _____ | No _____ |
| 3. Photos of my child may be used in the Lakewood Monthly Newsletters    | Yes _____ | No _____ |
| 4. Photos of my child may be used on the Parent App                      | Yes _____ | No _____ |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date