



**Names of individuals to whom child may be released:**

Name Relationship phone number

\_\_\_\_\_

If there are separation agreements, or court order parent or guardian will inform to the school of the custody and access arrangement.

\_\_\_\_\_

(Please specify type and duration of arrangement)

Names & Ages of Siblings:

\_\_\_\_\_

Please note any medical, physical, developmental or emotional conditions relevant to the care of your child: \_\_\_\_\_

I/We have read and understood the information of Nova Montessori Preschool Parent Guide and information disclosed are accurate.

\_\_\_\_\_

**(Signature of Parent /Guardian)**

\_\_\_\_\_

**(Date: dd/mmm/yyyy)**

**CHILD MEDICAL INFORMATION**

Manitoba Health Services Commission Registration Number

Manitoba Registration Number (6 digit): \_\_\_\_\_

Personal Identification Number (9 digit): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

(Apt./Building# & Street name, City , Province, postal code)

Any Medical Allergies: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Medical Release: I give the directress of Nova Montessori Preschool permission to act on my behalf to deal with any medical emergency, which may arise.

\_\_\_\_\_

**(Signature of Parent /Guardian)**

\_\_\_\_\_

**(Date: dd/mmm/yyyy)**

**Permission to Photograph**

I, \_\_\_\_\_ (Parent/Guardian name), give permission for Nova Montessori preschool to photograph my child, \_\_\_\_\_ (child's name), for the following purposes:

Type of Use	Allow	Decline
Still Photographs display in child personal scrapbook		
Give photographs possibly containing your child to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on child care website*		
Videos		
Give video to current parents		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date: dd/mmm/yyyy)**

**TRANSPORTATION POLICY**

Nova Montessori does not provide transportation to or from school. It is the sole responsibility of parents to transport their child to and from school for the regular daily program. At the event of field trips special transportation are arranged by the school with the consent of the parents/guardian.

Nova Montessori Preschool needs the consent of the parents/guardian to take their children for walking trips in the neighbourhood.

**AUTHORIZATION FOR WALKING TRIPS**

I, (name of parent) \_\_\_\_\_ will permit staff of the Nova Montessori Preschool to take my child, (name of child) \_\_\_\_\_ for walking trips in the neighbourhood

\_\_\_\_\_  
**(Signature of Parent /Guardian)**

\_\_\_\_\_  
**(Date: dd/mmm/yyyy)**

