



BRONXVILLE MONTESSORI SCHOOL

101 Pondfield Road West
Bronxville, New York 10708
914-793-2083
Fax: 914-793-2360
www.BronxvilleMontessori.com

Permissions Form

Child's Name: _____

	Parent Signature	Date
As the parent of the student named above I agree to provide the transportation for my child to the Bronxville Montessori School and home. It is understood that this is my responsibility.		
The Bronxville Montessori School will provide activities designed to enhance your child's knowledge in the following areas: language, math, sensorial, practical life, art, science, cultural studies, and music. I have read the brochure and visited the premises and understand what activities are available to my child.		
Permission is hereby granted to the Bronxville Montessori School for the purpose of taking my child on short walks and trips around the neighborhood.		
I give my permission for the school to take and use photos of my child in classrooms, on our website, in school brochures and news releases for the Bronxville Montessori School. They may also use slides or video tapes of my child for in-house training and parent lectures. Children will <u>not</u> be identified by name.		
This will authorize the Bronxville Montessori School to utilize first aid or administer CPR and/or refer my child for treatment to a physician or hospital (Lawrence Hospital) in the event of an accident or sudden illness at a time when I cannot be reached.		
I have received information concerning the necessity for lead screening for my child.		
I have received a Parent Handbook.		