



## Parent Permission

I \_\_\_\_\_, grant the following permission's for my child \_\_\_\_\_.

- FIELD TRIP PERMISSION:** To participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Discovery Center.
- RELEASE OF INFORMATION:** I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Discovery Center parents.
- I give permission for my child's information to be provided to Windsor Public Schools.
- PHOTO PERMISSION:** I hereby consent that Windsor Montessori School and Discovery Center and the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate such as promotional marketing material and post's on social media like Facebook, Twitter, Instagram, and Youtube.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- MEDICAL/FIRST AID TREATMENT:** I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments and all prescription medications.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- BEHAVIOR PLAN/CHILD DISCIPLINE POLICY:** The schools behavior plan has been discussed with me upon registration. I've had an opportunity to ask any related questions. I understand the school uses a positive discipline approached and redirection. If my child's behavior requires additional support I will be involved in the process of creating an individualized behavior plan for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_