

Stepping Stones

MONTESSORI IN EAST LANSING

Child/Children's Name(s) _____

1. PUBLIC RELEASE FORM (check those that apply)

____ I/We give permission for pictures and other media of my child(ren) to be displayed inside the school building or our school newsletter.

____ I/We give permission to share pictures and other media of my child(ren) on our website, on our Facebook page, and on occasion, for educational, marketing, and advertisement purposes.

____ I **DO NOT** give my permission to Stepping Stones Montessori School in East Lansing to take any pictures and/or video of my child(ren).

2. STUDENT DIRECTORY RELEASE (Please choose one)

____ I/We have read and agree to have our information released for the student directory which includes: names, email addresses, and phone numbers.

____ I/We **DO NOT** give my permission to have our information in the student directory.

3. TOPICAL CREAM AND SKIN PROTECTANT

I/We hereby authorize Stepping Stones Montessori adult staff and faculty members to apply (please select from the choices below):

- Nothing
- Sunblock (Parent provides)
- Bug repellant (Parent provides)
- Other: _____ (name of topical, nonprescription medication provided by parent, in its original container)
- Diaper Cream: _____ (name of topical, nonprescription medication provided by parent, in its original container to be applied as needed only to my child)

4. NEIGHBORHOOD WALKS

____ I/We give permission for my child to participate in neighborhood walks to nearby parks.

____ I/We **DO NOT** give permission for my child to participate in neighborhood walks to nearby parks.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date