



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 repellent (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