



Kennedy Montessori School
 7781 Kennedy Road,
 Markham, Ontario.

HELPFUL INFORMATION

Child's Name: _____

This form will be placed in your child's folder. It will allow us to keep track of any special requirements you may have.

1. Do you have any special requests with regard to diet or exercise?

2. Does your child require a nap? Yes No

3. We may want to use Polysporin Antibiotic ointment if the need arises. Do we have your permission? Yes No

4. Please list any communicable diseases that your child has already had, (for example, chicken pox, measles, mumps, rubella, whooping cough), and the approximate date. _____

5. Photo Consent: I give permission for images of us and our child and their work to appear in promotional materials supporting Agincourt Montessori and Kennedy Montessori. I agree that this consent and release is given in perpetuity and for no consideration, credit, acknowledgement or financial recompense, now and in the future. I hereby hold the school harmless for any claims, actions, debts, damages, injuries or losses that may arise or be incurred as a result of the taking, use, publication or distribution of the photograph/image:

YES. I grant you permission to use photos and/or videos of us and our child.

NO. Please do NOT take or use any photos and/or videos of us and our child.

6. Do you consent to sharing your email address with other parents? Yes No

 Parent's signature

 Date

7. Tracking of ill health (*for the school's use only*)

Initial and date every September.