



Kennedy Montessori School,
7781 Kennedy Road,
Markham, Ontario,
L3R 2C8

Parent Consent form

Please read the following very carefully to ensure that you fully understand the legalities before you sign.

We, the undersigned, do hereby represent that all statements made by us on the various enrolment forms, are correct, and we acknowledge that we have read, understood, and agree to all terms and conditions of the Application, as set forth in the Fee Schedule, Payment Plan, and the Parent Handbook.

In consideration of acceptance of my child as a student of Kennedy Montessori School, we realize that young children, even under close supervision, will have occasional accidents. We understand that there are always risks of student injury, and damage to personal property because of the many activities in which the students are involved and we accept and assume these risks. Therefore, we hereby release indemnity, and hold Kennedy Montessori School, its agents and employees, harmless from any and all claims, damages, and other liabilities for injuries to my child.

Kennedy Montessori School reserves the right to accept or reject any application and also to request the withdrawal of any child if, in the opinion of the school, this action is to the benefit of the other students at the school.

Furthermore, I, _____ the parent/guardian of _____, understand that in the event of an accident or illness occurring to my child while at School or while participating in a School excursion, the School will make every attempt to contact me and/or my spouse. If, however, I, or my spouse cannot be reached I hereby give Kennedy Montessori School, its Directors, Officers, Agents or Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a Doctor attend to my child. Should any staff member determine, in his/her sole discretion, that the delay needed to contact the parent/guardian could result in unwarranted risk to the child, the staff member will waive the attempt to contact the parent/guardian and seek immediate treatment. If appropriate, 911 will be contacted. In non-emergency situations, first aid or similar care will be provided.

By signing this agreement, we acknowledge that we have read, understood, and are in agreement with its provisions.

Father's/Guardian's signature: _____ Date: _____

Mother's/Guardian's signature: _____ Date: _____