

Versailles Montessori School
Authorization Forms
Student Pickup Release

Only the persons listed below may pick up my child, _____ from VMS, unless directed otherwise by phone, email or note. (List parent/guardian first.)

PARENT/GUARDIAN

PARENT/GUARDIAN

Relationship with child: _____ Cell # _____

Relationship with child: _____ Cell # _____

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Relationship with child: _____ Cell # _____

Relationship with child: _____ Cell # _____

If the child is to be restricted from having contact with any other person, the parent must inform VMS in writing. Court documents, if available, will be required.

Parent Agreement

We, _____ & _____, the

parents/gaurdians of _____, have read Versailles Montessori School's Parent Handbook and agree to abide by those policies and requirements set forth therein. Failure to fulfill my obligations could jeopardize my child's enrollment status. I understand that when I enroll my child in VMS I agree to pay the full tuition for that session regardless of my child's attendance. Withdrawing or temporary suspension from the program does not relinquish my responsibilities for full payment of the enrolled session. If VMS fills your child's spot, further payments toward your child's tuition will not be required.

Parent/Guardian Signature _____ Date

Parent/Guardian Signature _____ Date

Read and initial the statements below please.

My child has permission to participate in all walking field trips on the VMS campus. _____

To better help VMS advertise, I give permission for the following:

VMS has permission to use photos of my child for school promotions on printed media. _____

VMS has permission to use photos of my child, **without identifying her/his name**, on social media.

Examples include: the VMS web site and facebook. _____

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Medical Release

Versailles Montessori School, its employees and agents, have permission to seek emergency medical care for my child, _____, D.O.B. _____ and is authorized to admit him/her into a hospital. While emergency care is being administered, VMS will continue trying to contact the persons listed below. A photocopy of this form shall serve as well as the original.

Parent signature: _____ **Date:** _____

Parent signature: _____ **Date:** _____

Parent/guardian info

	Mother/Guardian	Father/Guardian
Full Name <small>(name preference if different)</small>		
HOME ADDRESS		
Work number		
Mobile number		
Home phone		
Other number		

In an emergency, after trying the parents/guardian, contact the following people in this order:

NAME	TELEPHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Doctor (name & number) _____

Dentist (name & number) _____

Insurance Company _____ **Policy number** _____

Drug Allergies: _____

Additional Info: _____

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