

**Children's Garden Montessori School  
Disclosures and Permissions**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Materials and Activities Notification/Consent**

**The State of Colorado requires this disclosure for all Montessori schools.**

I understand that Children's Garden Montessori School utilizes the traditional Montessori Method and materials which include items made from wood, metal, glass, clay, and ceramics. These potentially breakable items are found in both the Toddler Classrooms and the Primary Classrooms. The **Primary (2 1/2-6 years old)** classrooms include items that are small enough to be swallowed or inhaled. I accept that these materials are present in my child's environment and that he/she may interact with these materials throughout the day. Furthermore, I understand that each class is staffed with Montessori certified teachers who are carefully trained on the proper use of these materials. My child has permission to access the classroom materials at Children's Garden Montessori School.

**Please initial to indicate that you give permission for the following:**

\_\_\_\_\_ (initial) **Authorization for Walking Field Trips**

My child has permission to participate in all the school activities, which may include walking excursions. I understand that teachers will accompany my child, the teacher to child ratio will be maintained and that no field trips will be taken in private vehicles.

\_\_\_\_\_ (initial) **Authorization to Photograph**

I grant permission for Children's Garden to use photographs and video recordings of my child in various school publications. I understand that no names will accompany any images.

\_\_\_\_\_ (initial) **Authorization to Use Images on Website/Facebook/Instagram**

I grant permission for Children's Garden to use photographs and video recordings of my child on the school's website. I understand that no names will accompany any images.

\_\_\_\_\_ (initial) **Authorization for Applying Sunscreen**

I authorize the school to reapply sunscreen as described in Parent Handbook.

\_\_\_\_\_ (initial) **Authorization to Post Allergies**

I authorize the school to post in a prominent location, my child's name, diet restrictions, allergies and related information, if applicable.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***We are required to maintain and update this information each school year.  
Enrollment is incomplete until this form is completed and signed by parent/guardian.***

10/16/2024