

New Life Montessori

Permission Authorization

Child's Name First Middle Last			Provider's Name	
			Mary Lee	
The provider or assistant has my permission to:				
			Yes	No
1. Take photographs of my child			<input type="checkbox"/>	<input type="checkbox"/>
2. Give my telephone number and address to other parents...			<input type="checkbox"/>	<input type="checkbox"/>
3. Visiting health specialists			<input type="checkbox"/>	<input type="checkbox"/>
4. Other (specify below):			<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian Signature		Date	Parent/Guardian Signature	