

Parent Signature Form

____ Parent Initials for Tuition Agreement

I have read the Parent Handbook regarding tuition and other enrollment fees. I have had the opportunity to speak with CMS administration regarding my questions on all fees, I am satisfied with the results, and I desire enrollment for my child at Chesapeake Montessori School (CMS).

____ Parent Initials for Field Trips

I agree to my child, _____ will be allowed to attend Chesapeake Montessori School Field Trips for the academic year August 2020-June 2021. I understand if my child does not participate in the Field Trips I must keep my child out of school during the Field Trip hours.

____ Parent Initials for Impromptu Field Trips (Elementary only)

I agree to allow my child, _____ to participate in impromptu field trips.

____ Parent Initials *DECLINING* Impromptu Field Trips

My child, _____ may *NOT* participate in impromptu field trips. (**Elementary only**)

____ Parent Initials for Release of Liability for Exposure to Allergens

I, _____, the parent or legal guardian of the above named child, who is a student at Chesapeake Montessori School, Inc., acknowledge and understand Chesapeake Montessori School, Inc. makes no claim or representation of being allergen free. I further understand my child may be exposed to allergens which may include dust, pollen, pet dander, tree nuts, peanuts, shellfish, dairy, wheat, eggs, soy, and other allergens.

By signing this form, I understand Chesapeake Montessori School, Inc. continually strives to provide a safe environment for all children within the Montessori philosophy and curriculum. Chesapeake Montessori School, Inc. provides notices to families, faculty training, and makes reasonable efforts to provide a safe environment for any child with sensitivity to allergens within the scope of the Montessori philosophy and curriculum, including mandatory cleaning policies.

I agree that I have had the opportunity to communicate the needs of my child with the Director and/or Head of School, and I willingly enroll my child in Chesapeake Montessori School, Inc.

In accordance with public policy, with the exception of cases of willful misconduct and wanton negligence, I fully release Chesapeake Montessori School, Inc. and its employees, agents, principals, shareholders, officers and/or directors from claims, suits, actions, or assertions for or in connection with incidental exposure to allergens which results in injury, harm, allergic reactions (both fatal and non-fatal) that my child (named above) may suffer as a direct or indirect exposure to allergens.

Additionally, I understand I must provide any necessary emergency medications and the required Virginia Department of Social Services forms to Chesapeake Montessori School, Inc. for my child in order for the same to be administered to my child in the event of emergency.

____ Parent Initials for Photography-Video Release

I do hereby grant unto Chesapeake Montessori School, Inc. and its principal and affiliates, permission and authorization to use or include photographs or any other re-produced images of the minor child named hereinabove in or on any

_____ brochures, advertisements, announcements, websites or other media which it so chooses, (*initial if you agree*)

_____ newsletters, newsletters posted on password protected area of CMS website, CD photo-yearbooks, video recordings for yearbooks, plays and special events to be seen by parents/families of CMS students only. (*Initial if you agree*)
in the sole discretion of Chesapeake Montessori School, Inc.

I understand and agree that neither my minor child nor I shall be entitled to any compensation for the use of the same and agree not to demand or otherwise seek the same from Chesapeake Montessori School, Inc., and its principals or affiliates. I waive any and all claims that I may have against Chesapeake Montessori School, Inc. in connection with the same, whether such claim is a currently existing or future claim, known or unknown.

I agree that this authorization shall not expire and shall continue indefinitely whether or not my minor child is a student at Chesapeake Montessori School, Inc. at the time that any photograph or re-produced image is published, released or circulated.

Signature for Parent Handbook

I have read the document **Parent Handbook** and understand and accept the policies of Chesapeake Montessori School.

Parent's Signature/Date

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