



Cornerstone Montessori School
15970 West 50th Avenue Golden, CO 80403 phone: 303-277-0245 fax: 303-273-0150
email: cms83@cornestonemontessori.net

Student Authorization/Permission Card

Child's Name: _____

Date of Birth: _____ Last _____ First _____ Middle _____
mm/dd/yyyy Age: _____ Gender: Male Female

Field Trip Authorization: *Your child may have an opportunity to participate in class field trips throughout the school year. Each field trip will be designed to enrich the classroom experience. Field trips will be planned well in advance by the classroom teachers and notification of these field trips will also be posted well in advance. Most field trips will be nature walks using the Jefferson County Open Space Trails that surround Cornerstone's property, occasionally, the children may be transported by privately owned vehicles of parents within our School. **On occasions when children will be transported in privately owned vehicles a separate field trip permission form will be sent to the parent/guardian. Cornerstone must have written permission in order for your child to participate in any field trips that may be offered.***

My child **may** **may not** participate in walks/field trips away from Cornerstone Montessori School. This authorization is valid for the entire period of enrollment at Cornerstone Montessori School unless changes have been indicated by the child's parent/guardian or the school. **Parent/Guardian initials** _____

Sunscreen Permission: Cornerstone Montessori School joins the American Cancer Society and the Colorado Department of Human Services in recommending the application of sunscreen (SPF 30 or higher) for all children. Sunscreen should be applied 30 minutes prior to sun exposure as a method of sun protection. Parents are asked to apply sunscreen prior to your child's arrival at School. During the day, all children will be provided the opportunity to reapply sunscreen at appropriate times during the day. Children ages four (4) and older will be encouraged to apply their own sunscreen under the supervision of a staff member. A staff member will assist children under the age of four (4) years in the application of sunscreen. All families are asked to supply sunscreen for their child for use at school, labeled clearly with your child's first and last name.

I hereby **authorize** **do not authorize** application of sunscreen to my child while attending Cornerstone Montessori School. This authorization is valid for the entire period of enrollment unless changes have been indicated either by the child's parent or the school. **Parent/Guardian initials** _____

Photograph Permission: *On occasion, photographs may be taken of the children working in the indoor or outdoor classroom environment, on the school grounds, or on field trips. Photographs of my child may be taken while a student of Cornerstone Montessori School for use in school related information and publications.* **Yes** **No**

Parent/Guardian initials _____ This authorization is valid for the entire period of enrollment at Cornerstone Montessori School unless changes have been indicated either by the child's parent or the school.

Student Directory: I hereby **authorize** **do not authorize** the following information regarding my child to be included in the Cornerstone Student Directory: () phone number () address () email address.

Parent/Guardian initials _____ This authorization is valid for the entire period of enrollment at Cornerstone Montessori School unless changes have been indicated either by the child's parent or the school.

Parent/Guardian Signature

Date: mm/dd/yyyy

Parent/Guardian Signature

Date: mm/dd/yyyy