

Lake Fern Montessori Academy Acknowledgement Check List

Please read the following statements, fill in any required information, and initial each item. Please sign at the bottom of the page. Thank you!

_____ I have read and agree to abide by the LFMA handbook.

_____ I have received a copy of DCF's Know Your Childcare Brochure (CF/PI 175-24).

_____ I have received a copy of DCF's Influenza Virus Brochure (CF/PI 175-70).

_____ I have received a copy of LFMA's Discipline Procedures.

_____ I have received a copy of LFMA's Nutrition Policy.

_____ I give my child permission to view PG rated videos as deemed appropriate by school staff.

_____ I give my child permission to attend school sponsored field trips.

_____ I give permission to have photographs taken of my child for classroom use including school projects and posts on Class Dojo.

_____ I give permission to have photographs taken of my child for use in the school newsletters, yearbook, and website.

_____ I give my child permission to participate in class parties and cooking projects.

Food allergies/ Special Diet Requirements: _____

I give permission for my child to have the following medication administered as needed:
(please initial each item)

_____ sunscreen _____ insect repellent _____ anti-itch cream

_____ anti-bacterial cream _____ non-aspirin (for minor pain or fever)

Child's Name (please print): _____

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____