

Canadian Montessori Academy

Consent and Authorization Schedule B

Field Trip Consent and Authorization

We understand that as part of the Montessori Program, our child (name), _____, will be taken on outings or be involved in organized activities. We consent to our child's participation in any such trip or organized event held under the auspices of CMA for the school year. Infants and toddlers do not participate in motorized field trips.

Our Child's OHIP Number: _____

Parent's Signature

Date

Parent's Signature

Release for Quoted Statements, Information and Photographs

We give permission to the Canadian Montessori Academy to include quoted statements from, information about and photographs of our child (name) _____ in CMA publications, press releases and advertising and on the Canadian Montessori Academy website.

Parent's Signature

Date

Parent's Signature

CMA Parent Commitment

We understand that being knowledgeable about the Montessori method and the educational philosophy of Canadian Montessori Academy is a critical component of my child's educational success. Hence we undertake to take an active role in my child's education by understanding how children learn in a Montessori classroom, through observations in my child's age level and the higher classes each school year; by attending parent information evenings, workshops, parent teacher interviews, parent association meetings, elementary showcases, science fairs, international days, school concerts and other school events.

Parent's Signature

Parent's Signature

70 Fieldrow Street
Ottawa, Ontario K2G 2Y7 CANADA
TEL: (613) 727-9427 • FAX: (613) 723-1035
E-mail: info@montessori-academy.com

