



# MONTESSORI OF PLAINFIELD

23616 WEST MAIN STREET

PLAINFIELD, IL 60544

815.254.0136 FAX: 815.267-3320

www.montessoriofplainfield.net

linda@montessorioffrankfort.com

## PERMISSION FORM

Name of Child: \_\_\_\_\_ Date : \_\_\_\_\_

I give my permission for my child to go on field trips conducted by the Montessori of Plainfield.

\_\_\_\_\_  
Signature

I give my permission for my child to be photographed for publicity purposes.

\_\_\_\_\_  
Signature

I give my permission for my child to be given emergency first aid treatment.

\_\_\_\_\_  
Signature

I give my permission for my child to be taken to the hospital in case of emergency.

\_\_\_\_\_  
Signature

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_