

Queensway West Montessori School
930 Watson Street
Ottawa, On.
K2B 6B9

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 planned at Queensway West Montessori School during the school year. Toddlers do not participate in motorized field trips.

Dated: _____

Our Child's OHIP Number

Parent's Signature

Parent's Signature

Photo Consent and Authorization

Photographs of the children are taken at various times during the school year for promotional purposes. I will allow my child (name), _____ to be included in these photos.

Parent's Signature

Parent's Signature

Website Picture Authorization

I/we **do/do not** (please circle the appropriate answer) authorize the use of pictures of my/our child (name), _____ on the Queensway West Montessori School website.

Parent's Signature

Parent's Signature