

**Queensway West Montessori School's
Sign-off Sheet for Policies and Procedures**

Please print the following information:

Child's Name: _____

Mother's Name: _____

Father's Name: _____

We agree to follow the Procedures and Policies of the Queensway West
Montessori School during the time that my child _____
attends this school. Child's Name

Parent/Guardian Signature

Parent/Guardian Signature