

Love of Learning Montessori School

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www.lolmontessori.com

**Directory/ Email/ Photo/ Field Trip
Authorization**

Please print your information!!

YES!! ___ I /we do wish to have our name, address and telephone number published in the Love of Learning Montessori School Directory.

Name of Child or Children

Parents Names

Address

Address

Home Telephone Number

NO!! ___ I/We do NOT wish to have our name, address and telephone number published in the Love of Learning Montessori School Directory.

Name

___ Please add my email address to Love of Learning's online discussion group.

email address

OVER ⇨

Photo Release

I hereby consent to the use of any photograph of my child/dependent/self, and/or any copies of this photograph in any editorial and/or promotional material produced and/or published by the Love of Learning Montessori School.

I understand that signing this release does not guarantee publication of the photo.

Name (Adult or Parent/Guardian)

Signature (Adult or Parent/Guardian)

Field Trip Permission Slip

I/We grant permission for my/our child(ren):

to attend field trips with Love of Learning Montessori School. I/We understand that notification will be given in advance of any field trip and that we may revoke our permission by submitting, **in writing**, notification that we **do not** wish to have our child(ren) attend **that particular trip**. I/We understand that Love of Learning has taken every reasonable precaution to ensure a safe and appropriate field trip for my child(ren) and will not hold Love of Learning liable for any accidental injury. My/Our signature also grants permission for my/our child(ren) to leave the Love of Learning premises for Nature Walks, weather permitting.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian