



## **REGISTRATION PACKET**

***The following checklist is designed to help parents ensure all registration paperwork is completed and submitted to Canton Montessori School by the designated date.***

☐ **Birth Certificate**

- A copy is required only once upon initial enrollment.

☐ **Health Record & Emergency Medical Authorization**

- **Required ANNUALLY. Every line must be completed.** If something doesn't apply to your child please list "N/A" or "None".
- Documents allergies or health concerns with your child
- If your child does not have a dentist, please indicate the parent or guardian's dentist.
- Three (3) emergency contacts must be listed.

☐ **Child's Medical Statement**

- **Required ANNUALLY** for toddlers and pre-primary students and once upon enrollment for new elementary students.
- An annual well-child physical along with a copy of your child's immunization record, is required.
- **MUST** be completed by a physician's office.
- ☐ Immunization: Religious, Good Cause and Medication Exemption Form is included (*if applicable*).
- *O.R.C. 3313.671 Proof of required immunizations – exceptions.*

☐ **Dismissal Authorization Form**

☐ **Emergency Transportation Agreement**

- Required to transport your child to a safe location, directed by the immediate authority, in the event of an emergency during school hours.

☐ **Family Handbook Agreement**

- All families must sign the Family Handbook Agreement annually.
- ☐ **Student Internet & Technology Policy** (Elementary Families Only)

☐ **Financial Policy & Payment Agreement**

☐ **Automatic Withdrawal Payment Agreement**

- Please complete this form if you are choosing automatic withdrawal.

☐ **Family Directory & Publicity Release**

☐ **Current Custodial Documents** (if applicable)

- It is the families responsibility to supply the school with the most current, court approved/notarized, custody arrangements. If these documents change throughout the year it is the families responsibility to update documents in the Main Office.

# Canton Montessori School

## Health Record & Emergency Medical Authorization

Please PRINT

Name of Child	Date of Birth	Name of Parent
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I Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies)

II Medications or Food Supplements (list all medications or food supplements currently being administered to the child)

III Dietary Restrictions (List all modified dietary restrictions affecting the child)

IV Chronic Physical/Development Concerns (List all chronic problems affecting the child)

V History of Hospitalization (List dates of all hospitalizations)

VI Diseases (List all diseases the child has had)

VII Any other concerns (List any learning, emotional, social, etc...concerns that will help CMS serve your child)

Your Signature: \_\_\_\_\_ Date form complete: \_\_\_\_\_

### Emergency Medical Authorization

#### A. Complete the following:

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

List additional children in school  
to be named on this form:

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Telephone Number

\_\_\_\_\_  
Employer's Telephone Number

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's Address

OVER

**B. List three (3) people who can be contacted in an emergency if the parents can not be reached, in the order the calls should be placed: *(Please provide phone numbers which are specific to that contact – this will enhance our ability to reach someone in an emergency)* These individuals have permission to transport your child in the event of an emergency!**

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number
_____ Alternate Telephone Number	_____ Alternate Telephone Number	_____ Alternate Telephone Number
_____ Relationship To Child	_____ Relationship To Child	_____ Relationship To Child

**C. Either Part I or Part II below MUST be completed. DO NOT COMPLETE BOTH. *This form authorizes CMS to secure emergency transportation/provide first aid or medication for a child.***

**Part I To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

_____ Name of Physician or Clinic	_____ Street Address	_____ City, State, Zip	_____ Phone Number
_____ Name of Dentist or Clinic	_____ Street Address	_____ City, State, Zip	_____ Phone Number
_____ Name of Medical Specialist	_____ Street Address	_____ City, State, Zip	_____ Phone Number

\_\_\_\_\_  
Preferred Hospital

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Part II Refusal to Consent**

I do NOT give my consent for emergency medical treatment of my child. In the event of an illness or injury, which requires emergency medical treatment, I wish the school authorities to take the following action:

\_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Child's Medical Statement

### MEDICAL OFFICE USE ONLY

This is to certify that I, \_\_\_\_\_, on \_\_\_\_\_  
Name of physician (Date of exam)

examined (child's name) \_\_\_\_\_ DOB \_\_\_\_\_

and have found that he/she:

\_\_\_\_\_ has fulfilled the minimum immunizations required by \*Ohio Law

or

\_\_\_\_\_ is to be exempted from the following vaccines

Vaccine(s) child is exempted from: \_\_\_\_\_

Based upon his/her medical history and physical condition at the time of this examination,  
(child's name) \_\_\_\_\_ is free from apparent communicable disease and is in  
suitable condition to be enrolled and is able to participate in physical activities at CMS.

Physician signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

### PLEASE ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD

***According to Canton Montessori policy, children enrolled in the Infant, Toddler and Pre- Primary Environments are required to have a physical examination annually. Examination date must reflect the current school year.***

\*The Ohio Department of Health requires that Ohio's Kindergarten students have a 2<sup>nd</sup> dose of the varicella (chickenpox) vaccine. Your child's pediatrician will be required to document this for your child if they are entering Kindergarten at Canton Montessori School.



## Immunization Religious, Good Cause, and Medical Exemption Form

Amended Substitute Senate Bill No. 282.  
Ohio Revised Code. Sections 3313.671. Pat (3) and (4)

Section 3313.671, part (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671 part (4): A child whose physician certifies in writing that such immunization against my disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

I understand that the immunization law permits me to sign a waiver on my child taking the immunization.

I hereby object and request the school to waiver the immunization of my child against the following:

_____D.P.T	_____Polio	_____Rubeola	_____Rubella Mumps
_____Hepatitis B	_____Varicella	_____Hib	_____MMR

Child's Name: \_\_\_\_\_

Reason for Exemption:

\_\_\_\_\_Religious                      List name of denomination \_\_\_\_\_

\_\_\_\_\_Reason of Conscience                      Explain \_\_\_\_\_

\_\_\_\_\_Medical Reason                      You must have a signed statement from your physician stating the condition and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_



## **3313.671 Proof of required immunizations - exceptions.**

### **(A)**

(1) Except as otherwise provided in division (B) of this section, no pupil, at the time of initial entry or at the beginning of each school year, to an elementary or high school for which the state board of education prescribes minimum standards pursuant to division (D) of section [3301.07](#) of the Revised Code, shall be permitted to remain in school for more than fourteen days unless the pupil presents written evidence satisfactory to the person in charge of admission, that the pupil has been immunized by a method of immunization approved by the department of health pursuant to section [3701.13](#) of the Revised Code against mumps, poliomyelitis, diphtheria, pertussis, tetanus, rubeola, and rubella or is in the process of being immunized.

(2) Except as provided in division (B) of this section, no pupil who begins kindergarten at an elementary school subject to the state board of education's minimum standards shall be permitted to remain in school for more than fourteen days unless the pupil presents written evidence satisfactory to the person in charge of admission that the pupil has been immunized by a department of health-approved method of immunization or is in the process of being immunized against both of the following:

(a) During or after the school year beginning in 1999, hepatitis B;

(b) During or after the school year beginning in 2006, chicken pox.

(3) Except as provided in division (B) of this section, during and after the school year beginning in 2016, no pupil who is the age or older than the age at which immunization against meningococcal disease is recommended by the state department of health shall be permitted to remain in a school subject to the state board of education's minimum standards for more than fourteen days unless the pupil presents written evidence satisfactory to the person in charge of admission that the pupil has been immunized by a department of health-approved method of immunization, or is in the process of being immunized, against meningococcal disease.

(4) As used in divisions (A)(1), (2), and (3) of this section, "in the process of being immunized" means the pupil has been immunized against mumps, rubeola, rubella, and chicken pox, and if the pupil has not been immunized against poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, and meningococcal disease, the pupil has received at least the first dose of the immunization sequence, and presents written evidence to the pupil's building principal or chief administrative officer of each subsequent dose required to obtain immunization at the intervals prescribed by the director of health. Any student previously admitted under the "in process of being immunized" provision and who has not complied with the immunization intervals prescribed by the director of health shall be excluded from school on the fifteenth day of the following school year. Any student so excluded shall be readmitted upon showing evidence to the student's building principal or chief administrative officer of progress on the director of health's interval schedule.

### **(B)**

(1) A pupil who has had natural rubeola, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against rubeola.

(2) A pupil who has had natural mumps, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against mumps.

(3) A pupil who has had natural chicken pox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chicken pox.

(4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

(5) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

(C) As used in this division, "chicken pox epidemic" means the occurrence of cases of chicken pox in numbers greater than expected in the school's population or for a particular period of time.

Notwithstanding division (B) of this section, a school may deny admission to a pupil otherwise exempted from the chicken pox immunization requirement if the director of the state department of health notifies the school's principal or chief administrative officer that a chicken pox epidemic exists in the school's population. The denial of admission shall cease when the director notifies the principal or officer that the epidemic no longer exists.

The board of education or governing body of each school subject to this section shall adopt a policy that prescribes methods whereby the academic standing of a pupil who is denied admission during a chicken pox epidemic may be preserved.

(D) Boards of health, legislative authorities of municipal corporations, and boards of township trustees on application of the board of education of the district or proper authority of any school affected by this section, shall provide at the public expense, without delay, the means of immunization against mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, and hepatitis B to pupils who are not so provided by their parents or guardians.

(E) The department of health shall specify the age at which immunization against meningococcal disease, as required by division (A)(3) of this section, is recommended, and approve a method of immunization against meningococcal disease.



## Dismissal Authorization Form

Please list persons, other than parents and emergency contacts, who may pick up your child.

*Those individuals picking up children in place of parents will be asked to provide a photo ID.*

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

Name\_\_\_\_\_Relationship\_\_\_\_\_

If you have any questions regarding these procedures, please contact the CMS office.





## Emergency Transportation Agreement

Child's Name \_\_\_\_\_

Consider this notification that, in the event of an emergency during school hours, students may need to be transported to a safe location as directed by the immediate authority. An announcement will be made on Fox 8 News and via phone broadcast/text message.

By my signature, I acknowledge that I have read and understand the Emergency Transportation Agreement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Family Handbook Agreement

Please review and familiarize yourself with the policies below; **check the box** indicating that you understand the policy, then **sign and date** at the bottom of the page.

☐ **Parent Handbook**

The Canton Montessori Parent Handbook is located at [www.cantonmontessori.org](http://www.cantonmontessori.org). Click on the **"For Parents"** button. Please read the handbook thoroughly.

☐ **Calling off your Child Policy**

Parents are expected to notify the school if their child is absent. Please call the school office at 330-452-0148 *by 9 am* to report your child's absence.

☐ **Pick up Policy**

Please be prompt in picking up your child by the dismissal time you requested. Your tuition is based on the hours you arranged for your child. Any child remaining after their designated pick-up time will incur a late fee of \$10.00 per hour. This late fee will be added to the next invoice and must be paid in full.

☐ **Medication Policy**

A completed "Request for Administration of Medication for Child Care" form is required for CMS to administer any medication, ointment, etc. The form can be found under **"For Parents → Forms Library"** on the website.

☐ **CMS Communication Methods**

Parents are automatically enrolled in all school email, reverse phone, and text messaging systems. Parents may opt out of any or all of these systems by contacting the school office.

**By my signature, I acknowledge that I have read and understand the checked items above:**

Parent(s) Name (please print): \_\_\_\_\_

Student Name(s) (please print): \_\_\_\_\_

Parent Signature & Date: \_\_\_\_\_



## **Student Internet & Technology Policy**

### *Elementary students*

1. Student use of the Internet is governed by principles of ethical use and current law governing copyrighted materials, etc.
2. The use of Internet accounts is for educational purposes only and is a privilege that may be revoked by a Directress, Assistant, Head of School, Internet Coordinator, and Internet Provider at any time.
3. All telecommunications access on school computers is limited to school obtained accounts and is restricted to educational business and school related projects. (Personal Accounts on commercial services or other Internet providers may not be used in school.) The Directress, CMS Staff, or Internet Coordinator must supervise student use.
4. Students and parents agree to abide by these terms and conditions, and understand that they will be held accountable for consequences of inappropriate use. They further understand that Canton Montessori School has taken available precautions to restrict/limit access to controversial materials; however, on a global network it is impossible to control all materials.
5. Computers, including all information, programs, software and use privileges belong solely to the school and are subject to review and inspection at any time without suspicion or cause. The school reserves the right to inspect, copy and/or delete all files and records on school computers or accessed through school accounts.

### **iPad Use Policy**

1. Games may not be played on any computer or mobile device. Exceptions may be made for course specific needs if authorized by the course instructor and approved by the IT Director.
2. File sharing, Peer-to-Peer (P2P), downloading, copying, or otherwise distributing any music, videos, pictures, or other copyrighted materials is strictly prohibited and is punishable by law.
3. Software may not be loaded or installed on any school computer. Software apps may be installed onto school issued iPads, but must comply with the use policies in this document.
4. Changing or tampering with any of the computer's system configuration or mobile device's security settings is prohibited. This includes, but is not limited to, removal of configuration profiles, altering security preferences, jail-breaking, app-cracking, etc.
5. Changing or tampering with any school owned technology such as computers, displays, mobile devices, keyboards, mice, power adapters, cables, etc. is prohibited.
6. Users may not bypass, circumvent or otherwise defeat any software or hardware security measures, Internet content filters or antivirus protection, by any means including, but not limited to, proxy websites and services, bypass filters, portable apps, or boot-loading measures.

**(OVER for signatures)**

7. While at school, all users must use the Internet access provided by CMS. Users are not permitted to create hotspots, share Wi-Fi connections, tether devices or otherwise bypass the school network.
8. Users may not attempt to gain access, modify, or delete other users' data, or attempt to intercept any transmission of such data.
9. Users may not share their login account information, username or password with anyone. It is the user's responsibility to protect this information. Users are prohibited from logging in to multiple computers under a single account.
10. Audio and/or video recording is not permitted at any time unless authorization is given by individuals being recorded.
11. Users must abide by local, state, and federal laws such as, but not limited to, copyright law, licensing laws, privacy laws, and CMS policies and guidelines.

I give permission for my child to access the Internet and my signature here they acknowledge that they understand this policy and agreement. \_\_\_\_\_

Elementary parent signature

I acknowledge that I understand this policy and agreement. \_\_\_\_\_

Elementary student signature



## Financial Policy & Payment Agreement

Canton Montessori School, a private, non-profit organization, relies on tuition and fees, as well as fund-raising efforts on the school's behalf, to sustain itself. Accordingly, it is necessary that payments be made consistently and on time. Please read this agreement carefully and address any questions to the Business Manager or Head of School. The goal of this document is to provide clarity and to prevent misunderstandings regarding your financial obligations.

1. A one-time **Application Fee** of **\$200** for a first-time applicant is due with the initial Enrollment Agreement and is **non-refundable**.
2. An annual **Tuition Deposit** for currently enrolled students of **\$500** is due upon submission of an Enrollment Agreement. **If submitted by February 28, 2023**, the full \$500 deposit will be applied to the August invoice. Enrollment Agreements for currently enrolled students received **after February 28, 2023**, will be considered late and the student's re-enrollment will be determined on a space-available basis, **\$200** of the Tuition Deposit will be considered a late enrollment fee, and **\$300** will be applied to the August invoice. **Tuition Deposits will not be refunded after June 1<sup>st</sup>**. Requests for Tuition Deposit refunds **prior to June 1<sup>st</sup>** must be submitted in writing to the Business Manager.
3. **Installment payments are due on the first of the month** (or the 1<sup>st</sup> and 15<sup>th</sup> if using Electronic Funds Transfer). A late fee penalty of **\$25 per month** will be charged on balances more than **30 days** past due. Families with balances with more than **60 days** past due must bring their account current before their child(ren) can return to school.
4. Because Canton Montessori School budgets on an annual basis, and because in-school days vary month to month due to holidays, illness, inclement weather, etc., **tuition charges are spread out equally in installments over the 2023-2024 academic year (August - May)**. By signing this Policy, you expressly understand and agree that:
  - a. parents intend for the child to complete the entire academic year;
  - b. tuition is based on the full academic year;
  - c. parents are obligated to pay tuition for the entire academic year;
  - d. the ten installments will be applied towards the academic year tuition obligation;
  - e. no refunds will be given for absences or for school closures due to inclement weather/facility situation (such as no electricity/heat); and,
  - f. if a student withdraws during the academic year, the remaining unpaid academic year tuition obligation will be pro-rated only if withdrawal policy conditions apply. See **Withdrawal Policy**.
5. **Withdrawal Policy** – If it is necessary to withdraw the child for any reason, the parents or legal guardians must give the school written notice of intent to withdraw **thirty (30) days in advance of the withdrawal date**. CMS will pro-rate tuition to the amount due and payable through the withdrawal date. This enables the school to enroll a student from the waiting list.

6. Families are asked to notify the Main Office for any extended absences. Families must continue to pay full tuition to hold that child's space until the child is able to return OR a family can opt to withdraw and re-enroll on a space available basis. A child's schedule may not be adjusted two weeks prior to a planned absence.
7. A **limited amount** of financial assistance is available for families who qualify based on financial need as determined by FACTS. To apply, families must submit an online application on the FACTS website by **April 1st** for the upcoming academic year. Once the FACTS results are received, CMS will notify applicants of any available financial assistance in writing. Families must accept their offer in writing within **10 days**. Financial assistance will be awarded **after April 1** based on available funding.
8. Checks and electronic payments returned for insufficient funds will be assessed a **\$25 returned check fee**.
9. **Separation from school.** Parents, guardians, and students are expected to follow the policies of the school (see *CMS Parent Handbook*). In a case of adverse conditions between the school and a family, a **one-week** notice will be given to the parents or guardian to remove the child from the program. Under these conditions, annual academic year tuition will be pro-rated based on the amount due and payable through the separation date according to the ten-payment plan.
10. By signing this agreement, I (we) understand that I (we) am/are obligated to pay the charges for tuition and fees monthly through a bank direct payment program (see the Payment Plan Agreement enclosed with your Enrollment packet). If my electronic payment is declined or fails, I will be charged a \$25 processing fee. If I am paying via the one or two payment plan for the academic year, payments that are submitted 10 days past the due date or are returned by the bank will result in a \$25.00 processing fee. These charges will be strictly enforced. **A student will be dismissed from CMS if tuition and fees are more than 60 days past due.**
11. Enrollment for the **2023-2024** school year will be cancelled if tuition for the 2022-2023 school year is not paid in full by May 31, 2023, and/or summer programming is not paid in full by July 15, 2023. When the account is paid, the student will be considered for an open spot or placed on a waiting list.
12. All financial commitments to CMS must be met before student records (except for health records and standardized testing results) will be released to another school. Signature of **BOTH** parents (if married, partners, or jointly registering child) is **REQUIRED** on the enrollment form.

**I (We) have read, fully understand, and agree to all the *Financial Policies and Conditions* written above.**

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Child's Name

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Parent 1 Name

---

Signature

---

Date

---

Parent 2 Name

---

Signature

---

Date



## Automatic Withdrawal Payment Agreement

Authorization Agreement for Automatic Withdrawal (ACH DEBITS)

COMPANY NAME: Canton Montessori School

I (we) hereby authorize Canton Montessori Association, hereinafter called COMPANY, to initiate debit entries to my (our)

\_\_\_\_\_Checking\_\_\_\_\_Savings Account (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit to such account.

The information requested below can be found on your check (you may choose to attach a voided check)

### PLEASE PRINT

Depository Name (Bank/Credit Union)\_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_

TRANSIT ABA (Routing) NO. \_\_\_\_\_ACCOUNT NO. \_\_\_\_\_

Please debit my account for tuition made through the COMPANY on the dates below:

\_\_\_\_\_One monthly tuition payment on the 1st day of the invoice month

\_\_\_\_\_One monthly tuition split into 2 payments on the 1st & 15th day of the invoice month

Summer Program tuition payments are billed June 1<sup>st</sup> and July 1<sup>st</sup>.  
School year tuition payments are billed August 1<sup>st</sup> through May 1<sup>st</sup>.

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your Child(ren)'s Name: \_\_\_\_\_Date: \_\_\_\_\_

Your Name: \_\_\_\_\_2<sup>nd</sup> Account Name: \_\_\_\_\_  
If joint account

Signed: \_\_\_\_\_Signed: \_\_\_\_\_  
On a joint account both parties must sign

Social Security Number: \_\_\_\_\_Social Security Number: \_\_\_\_\_



## Family Directory

In accordance with Ohio Department of Education regulations we are required to create and maintain a parent/child roster that will be available to all CMS parents upon request from the office. This roster will include your name, the name of your child or children attending CMS, and your phone number. You are not required to be included on the roster. Please indicate your preference and return this form to the office as soon as possible. This roster will be made available to CMS parents only.

\_\_\_\_\_ Please include my family on the **roster**. This is the **phone number** you may publish: \_\_\_\_\_

\_\_\_\_\_ I **do not** wish for my family to be included on the roster.

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Child's Name

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Parent/Guardian Signature

Date

## Publicity Release

Sometimes photographs, videotape or other images of students are taken during school activities by Canton Montessori School, or under its direction, then presented in various school sponsored media, including but not limited to photographs, videotape productions, newspapers, television programs, brochures, handbooks, programs, the Internet and online Web pages. *Please select an option below regarding your wishes as to the use of your child's image.*

---

Child's Name

\_\_\_\_\_ I **authorize** Canton Montessori School to use my child's photograph or image in all forms of media, including those listed below, for an indefinite period of time or until removal is requested by me in writing. I give this consent with no claim for payment.

\_\_\_\_\_ I **do not authorize** Canton Montessori School to use my child's photograph or image in the following ways (please check all that apply):

\_\_\_\_\_ News stories or ads

\_\_\_\_\_ Brochures

\_\_\_\_\_ Magazine articles or ads

\_\_\_\_\_ Newsletter

\_\_\_\_\_ Press releases

\_\_\_\_\_ CMS web page

\_\_\_\_\_ Marketing materials

\_\_\_\_\_ CMS Facebook

I/We, hereby release and discharge Canton Montessori School from any liability for any injury or action against the above-named student resulting from the use of such photographs or other images in any medium utilized. This release includes that Canton Montessori will not be responsible for other Internet users' reproduction, display, distribution, or modification of students' images used, in whole or in part, in any manner, nor will Canton Montessori be responsible for copyright infringement, misrepresentation, criminal acts, or other uses of the school's media images and information.

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Parent/Guardian Signature

Date