



Policy Agreement

We have received and read the Parent Handbook and agree to abide by all the policies, rules and regulations of I.D.E.A.S. Montessori.

Mother's Name and Signature

Date

Father's Name and Signature

Date

Photo/Video Consent Form

We allow our child's videos/photos to be posted, shared or used in the following: (Please check all that apply)

- ☐ I.D.E.A.S. Official Website
- ☐ I.D.E.A.S. Facebook and Instagram Pages
- ☐ I.D.E.A.S. Viber Group Chats
- ☐ All other Marketing materials
- ☐ As stated in the Data Privacy Policy

Mother's Name and Signature

Date

Father's Name and Signature

Date

Medical Emergency Consent

In the event of a medical emergency I, _____ give consent for my child _____ to receive first aid by IDEAS Staff and if necessary be transported to the nearest emergency center to receive the appropriate medical care.

Signature: _____ Relationship to student: _____ Date: _____

Alternative Contact Person: _____ Relationship student: _____

Mobile Number: _____ Landline: _____

CoVid Consent Form

I.D.E.A.S. Montessori has put in place protective measures to reduce the spread of CoVid-19. However, the school cannot guarantee that you and/or your child will not become infected with CoVid-19. By agreeing to this form, you voluntarily assume the risks and accept sole responsibility that you and/or your child may be exposed to and infected by CoVid-19 while attending any school activity.

Mother's Name and Signature

Date

Father's Name and Signature

Date

Data Privacy Consent

I agree and express my consent for I.D.E.A.S. Montessori to collect, record, and share my child's personal data as stipulated by the Data Privacy Act.

Mother's Name and Signature

Date

Father's Name and Signature

Date