



Name/s of child/ren (please print)  
Last Name/s First Name/s

Print Parent(s)/Guardian(s) Name \_\_\_\_\_

**PHOTO, VIDEO, WEBSITE RELEASE**

\_\_\_\_\_ I do hereby give and grant to Mt. Lebanon Montessori School and Academy permission to use my child/ren's name, photograph or recording for internal school publications, video productions, yearbook, presentations and/or classroom projects. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

\_\_\_\_\_ I do hereby give and grant to Mt. Lebanon Montessori School and Academy permission to use my child's photo displayed on social media sites including but not limited to the school website, Facebook, Twitter and Instagram.

\_\_\_\_\_ I do not want my child/ren's name, photograph, and/or video used by Mt. Lebanon Montessori School and Academy.

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

**FOR DISTANCE LEARNING ONLY**

**WILL NOT SHARE**

\_\_\_\_\_ I do hereby agree not to share materials, photos, video or screen shots of the distance learning outside the MLM distance learning community. If an individual violates this policy all members of the family will be removed from MLM distance learning groups.

**AUDIO AND VIDEO FOR DISTANCE LEARNING ONLY (Choose one)**

\_\_\_\_\_ I do hereby give and grant my child/ren permission to participate in **video and audio** recordings for educational activities for Mt. Lebanon Montessori School and Academy such as Zoom meetings and video lessons which will be recorded, and shared with the MLM community for the purpose of distance learning.

\_\_\_\_\_ I do hereby give and grant my child/ren permission to participate in **audio only** recordings for educational activities for Mt. Lebanon Montessori School and Academy such as Zoom meetings and video lessons which will be recorded, and shared with the MLM community for the purpose of distance learning. I will be responsible for turning off the video when I log into the group.

\_\_\_\_\_ I do not give permission for my child/ren to participate any recordings for distance learning at Mt. Lebanon Montessori School and Academy.

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

Email address for distance learning \_\_\_\_\_



### SHARING PERSONAL INFORMATION

Please check all listed below with whom we may share your Name, Phone Number, Address, email address:

- AIU (Teachers from the Allegheny Intermediate Unit including Reading, Math, Speech, Counseling)
- Kathy's Music
- TSS Photography (for School Pictures and Yearbook)

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

### HAND SANITIZER PERMISSION

I do hereby give and grant to Mt. Lebanon Montessori School and Academy permission to allow my child/ren to use hand sanitizer periodically throughout the school year in addition to soap and water to clean his/her hands while at school.

I do not give permission for Mt. Lebanon Montessori to allow my child/ren to use hand sanitizer while at school.

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

### PET PERMISSION

I do hereby give and grant to Mt. Lebanon Montessori School and Academy permission for my child/ren to come into contact with the classroom pet (fish, birds, hermit crabs, gerbils, or lizard. As well as the animals located in other classrooms at MLM such as the frogs, lizards, earthworms and various insects on featured in our science curriculum. During special days we will have birds, chicks, ducklings, rabbits and other animals.

I do not grant my permission for my child/ren to come into contact with the classroom pet or other animals.

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

### AUTO AND TRANSPORTATION EXPOSURE PERMISSION (ACADEMY ONLY)

I do hereby give and grant to Mt. Lebanon Montessori School and Academy permission for our child/ren to participate in off-campus activities related to the Mt. Lebanon Montessori Academy curriculum. This form is requested by the school's insurance agency, Henderson Brothers, with respect to the Hired and Non-Owned (autos used by parents driving for field trips and/or hired bus transportation) Auto coverage.

I do not grant my permission for my child/ren to participate in off-campus activities.

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