



☐ **Palm Beach Gardens**
(A Montessori School)
8788 N Military Trail
Palm Beach Gardens, FL 33410
Tel (561) 627 - 6170
Fax (561) 627 - 6199
LIC#50-51-03980

☐ **Wellington**
111 Professional Way
Wellington, FL 33414
Tel (561) 791 - 8558
Fax (561) 791 - 8559
LIC#50-51-1173543

☐ **West Palm Beach**
(Village Commons)
801 Village Blvd Suite 303-304
West Palm Beach, FL 33409
Tel (561) 697 - 4775
Fax (561) 697 - 4355
LIC#50-51-1453072

☐ **Royal Palm Beach**
(Shoppes of Regal Centre)
1013 N State Road 7
Royal Palm Beach, FL 33411
Tel (561) 790 - 9244
Fax (561) 790 - 9345
LIC#50-51-1566127

☐ **Boynton Beach**
(Meadows Square)
4791 N Congress Ave
Boynton Beach, FL 33426
Tel (561) 439 - 2040
Fax (561) 439 - 2041
LIC#50-51-1642214

Parental Acknowledgement/Consent Form

Child's Name _____ Date Signed _____

Initials

- I have received a copy of the Policy Manual/Parent Guide which includes information on the Discipline Procedures .

- I have received a copy of the Child Care Facility Brochure, "Know Your Child Care Facility".

- I authorize you to apply diaper cream or sunscreen when necessary.

- I understand that I give my child permission for my child to attend any scheduled Home Away From Home field trip(s) or off-campus activities when prior notification is given. I understand that every precaution for my child's safety will be taken, and I will not hold Home Away From Home responsible in case of an accident. (Older children)

- Indicate any Special Dietary Requirements: _____

- I understand that Home Away From Home is part of "The Child Care Food Program" and will be providing: Breakfast, Lunch and Afternoon snack unless prior parental consent is not given/approved.

- I understand that this child care facility will supply only center approved Infant Soy and Milk-Based Formula with iron for formula-fed infants. If I choose not to use the center chosen formula, then I will provide my own formula for my child.
