



Data Privacy

Consent for Collection and Usage of your personal data

Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.

I have read the Service's Privacy Notice, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by Ray Montessori School.

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

Parent / Guardian (1)	Parent / Guardian (2)
[Print Name]	[Print Name]
[Signature]	[Signature]
Date:	Date:

AGREEMENT FOR MEDICAL TREATMENT

I hereby give consent to my child _____ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered. In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency.

Parent / Guardian (1)	Parent / Guardian (2)
[Print Name]	[Print Name]
[Signature]	[Signature]
Date:	Date:



AGREEMENT FOR CHANGING CHILD'S CLOTHES

Parents should provide a change of clothes for their child in case of any toileting accident or in case the child should get wet or dirty during the session. Clothes should be placed in a bag with the child's name clearly marked on it.

I consent / do not consent to my child _____ having a change of clothes during the session by a staff member.

Parent / Guardian (1)	Parent / Guardian (2)
[Print Name]	[Print Name]
[Signature]	[Signature]
Date:	Date:

AGREEMENT FOR PHOTOGRAPHY

Photographs of children attending Ray Montessori School will be taken throughout the year. Photographs are used for observation and recording purposes, on the children's drawers and coat hooks etc., so that they are easily identifiable to them and on work that they might do during the year. Photos are taken to show the child at work or play and on school outings that may occur throughout the year. On occasion photos may be used for publication e.g. on cards or the local newspaper.

I consent / do not consent for my child to have his / her photo taken for the above-mentioned purposes.

Parent / Guardian (1)	Parent / Guardian (2)
[Print Name]	[Print Name]
[Signature]	[Signature]
Date:	Date:



AGREEMENT FOR RECORDING

Video recordings of children may be used for observation purposes. This information will only be used and shared with you, and with prior consent other relevant professionals, to support your child's developmental needs.

I consent / do not consent for my child _____ [child's name] to be recorded for the above-mentioned purposes.

Parent / Guardian (1)	Parent / Guardian (2)
[Print Name]	[Print Name]
[Signature]	[Signature]
Date:	Date: