

Rockland Montessori Academy For Young Learners

Child's Name: _____

I hereby give permission for my child's picture to appear in newspapers, ads, website, brochures, photo CDs, etc. for the Rockland Montessori Academy.

Signature/Date

I hereby give permission for my child to participate in walks around the school neighborhood, or to the park on the Fellsmere Pond with the Rockland Montessori Academy.

Signature/Date

I hereby acknowledge that I am responsible for the full amount of tuition due at the Rockland Montessori Academy for the academic year.

I will be paying
tuition:

- _____ Weekly
- _____ Monthly
- _____ Semi-Annually
- _____ Annually

Signature/Date