

Bright Children Montessori Academy

Classroom Directory

We request parent's contact information to keep in our files. This information is used to keep you informed of school holidays, school parties, field trips, etc. We will not release your personal information from our files without your consent.

Please complete the following information that you wish to share:

Child's Name: _____

Parent Name: _____

Phone Number/s: _____ ___Home ___Cell

E-mail: _____

Parent Name: _____

Phone Number/s: _____ ___Home ___Cell

E-mail: _____



NO, I DO NOT wish to share my contact information. Please fill out your child's name.

I agree that the personal information in the directory may not be duplicated, given away, or sold to anyone else, but is intended for and restricted to be used by Bright Children Montessori Academy.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____