

Montessori Zimbabwe

Collection Agreement

COLLECTION OF CHILDREN FROM MONTESSORI ZIMBABWE

Name of Child _____

Address _____

Home Telephone Number _____

Signature (Mother) _____ (Father) _____

COLLECTION OF CHILDREN BY A FRIEND OR RELATIVE

My child will be collected by:

Name _____

Relation to Child _____

Signature _____

Signature (Mother) _____ (Father) _____

COLLECTION OF CHILDREN BY A DOMESTIC WORKER

My Child will be collected by:

Name _____

National Registration Number _____

Signature _____

Signature (Mother) _____ (Father) _____

Montessori Zimbabwe

Indemnity

I, _____ being the legal guardian of _____ consent to her/him taking part in all indoor and outdoor activities organised by Montessori Zimbabwe. I further authorise you or any member of Montessori Zimbabwe staff to act as “in loco parentis” during the time spent in the care of Montessori Zimbabwe and give any consent required by hospital or medical authorities in respect of medical attention they may deem necessary in case of emergency. I absolve Montessori Zimbabwe and its staff from liability for any loss, damage or injury to her/his person or effects for any reason whatsoever during their time spent in the care of Montessori Zimbabwe.

Signature _____ Date _____