

Bright Beginnings West
536 Lambs Road
Pitman, NJ 08071

Phone # 856-256-1166
brightbeginningswest@gmail.com

PERMISSION AND CONSENT FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the school activities in the school, and in all school walks around the building.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information for you completed.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signature of Parent #1/ Legal Guardian

Date

Signature of Parent #2/ Legal Guardian

Date

IDENTIFICATION AND EMERGENCY INFORMATION

Name of child _____ Date of Birth _____

Address _____ Phone# _____

Parent #1/Guardian _____ SS# _____

Employment _____ Hours _____

Work # _____ Cell # _____

Parent #2/Guardian _____ SS# _____

Employment _____ Hours _____

Work # _____ Cell # _____

(If either parent is a student, please list name of school, phone # and current schedule.)

Persons authorized to pick up child: _____

Under NO circumstances will children be released to anyone not known to the school without prior authorization.

Persons to be called in case of emergency (Besides parents or guardian – Please include someone that would usually know your whereabouts.)

Name: _____ relationship to child _____

Phone # _____ Cell # _____

Name: _____ relationship to child _____

Phone # _____ Cell # _____

Child's Physician _____ Phone # _____

Emergency Hospital Preference _____

CHILD'S PERSONAL INFORMATION

Name of Child _____ Date of Birth _____

Parent #1 or Guardian _____

Parent #2 or Guardian _____

Is child adopted? _____ Does child know? _____

Marital Status of Parents:

Married _____ Separated _____ Divorced _____ Step Parent _____ Domestic Partner _____

Custody or Visiting arrangements: _____

Brother or Sister of Child:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

If both parents are away from home during the day, please state arrangements for child's care when not in school: _____

Has child had play group experience? _____ Where? _____

DEVELOPMENTAL HISTORY OF CHILD

Does child dress self? _____ Undress self? _____ Is child right or left handed? _____

Any dietary restrictions? _____

Does child have any special fears? _____

Does child have any speech problems? _____

Any other problems of which we should be aware? _____

How would you describe your child's personality? _____

HEALTH HISTORY OF CHILD

What past illnesses has child had? At what age?

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Does child have frequent colds? _____ Tonsillitis? _____

Ear Aches? _____ Stomach Aches? _____

Does child vomit easily? _____

Does child run high fevers easily? _____

Has child had any serious accidents? Explain: _____

Does child have allergies? _____

If so, how does it manifest itself? _____

Hay Fever _____ Asthma _____ Hives _____ Other _____

Do you know what child's allergy is caused by? _____

Has child ever been to a dentist? _____

Has child ever had their vision tested? _____

Has child had their hearing tested? _____

Please give a statement of your child's overall health: _____
