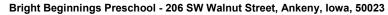


INTAKE/CONSENT FORM





Student Information:

Child's Name	Pr	Prefers to be called	
Child's Date of Birth	Gender		
Has your child received any e	ducation or speech services we should be a	aware of? (If yes, please explain)	
Parents/Guardians (with wh	oom the child resides):		
Name	Home Address		
Home Phone	Cell Phone	Work Phone	
Email:	Employer		
Name	Home Address		
Home Phone	Cell Phone	Work Phone	
Email:	Employer		
EMERGENCY CONTACT PERSON	(S) IF YOU CANNOT BE REACHED WHILE YOUR	CHILD IS AT PRESCHOOL:	
Name	Home Address		
Home Phone	Cell Phone	Work Phone	
Email:	Employer		
Name	Home Address		
		Work Phone	
Email:	Employer	Employer	
Parental Consent:			
Medical and Dental Consen			
• • • •	onsent to the personnel of Bright Beginnings		
-		ne supervisions of said personnel. I also agree to	
authorized under this consent	ent on any emergency medical/dental care a	and/or treatment for my child as secured or	
authorized under this conseni			
Medical Doctor (name, phone	e)		
Dental Office (name, phone)			
these experiences, as well as are responsible for bringing years.	our child to and from the field trip location. P	nd weather permit we will walk, otherwise you arents will be notified prior to any field trip.	
	sion for my child to accompany Bright Beginr sion for my child to accompany Bright Begin	•	

Role of Parent/Family Chaperone/Volunteers:

We welcome parents and family members to accompany us on trips away from the preschool as well as volunteering within classrooms. We ask that you abide by the policies that have been set. Please read, sign, and return this form to the center prior to the field trip date.

- Parents/Family are not responsible for supervising any groups, large or small, of children while on a field trip. Supervision of the children is the responsibility of the teachers and staff.
- Parents/Family are not allowed to be alone with any child/children other than their own. If taking their own child/children away from the group (to the restroom, leaving the site, etc.), a teacher or staff member must be notified so it can be properly documented.
- Parents/Family are not allowed to discipline other children. It is the responsibility of the teachers and staff to manage any behavior issues that arise with children.
- Parents/Family are expected to model appropriate behaviors for children, and abide by the guidelines set by the teachers/staff and the site being visited.

I understand my role as a parent/family chaperone on a field trip and will abide by the rules stated above. Parent/Family Chaperone (PRINT) Parent/Family Chaperone (SIGN) _____ Date _____ Date _____ Parent/Family Chaperone (PRINT) Parent/Family Chaperone (SIGN) _____ Date ____ Transportation Consent: Please notify the teachers if there is any change on this during the school year. Please pick up your child promptly upon dismissal time. The preschool will not be responsible for children after they leave the preschool/church. My child MAY ALSO be picked up by the following persons (names may be added when car pools are formed): My child may NOT be picked up by: **Photo Release:** (Please complete the following by checking all that apply) YES, I give my consent for my child to be photographed for PRIVATE classroom web apps (Instagram) AND the school class picture. ☐ YES, I give my consent for my child to be photographed for PUBLIC use by the preschool in newspapers, on Bright Beginnings Social Media pages (Facebook), and other media (school website). □ NO, I do not give my consent for my child to be photographed for private classroom web apps (Instagram) OR the school class picture. □ NO, I do not give my consent for my child to be photographed for PUBLIC use by the preschool in newspapers, on social media, or on the school website. **Student Directory:** (Please complete the following by checking all that apply) I give my consent to have the following information put on a class list that is provided to other students in my child's class. I further understand that this information will not to be used for solicitation purposes by Bright Beginnings or Ankeny First United Methodist Church. ☐ Child's name and parent's name(s) □ Address □ Phone numbers ☐ Email address □ None of the above By inserting your electronic signature below, you attest you are the legal parent/guardian of the child listed on this form and the data you are entering is accurate and true to the best of your knowledge.

Date

Electronic parent/guardian signature