



## INTAKE/CONSENT FORM

Bright Beginnings Preschool - 206 SW Walnut Street, Ankeny, Iowa, 50023



### **Student Information:**

Child's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Has your child received any education or speech services we should be aware of? (If yes, please explain)

### **Parents/Guardians (with whom 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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_

### **Parental Consent:**

#### **Medical and Dental Consent:**

I give my permission and/or consent to the personnel of Bright Beginnings Preschool to secure and authorize such emergency care and/or treatment as my child might require while under the supervisions of said personnel. I also agree to pay all costs and fees contingent on any emergency medical/dental care and/or treatment for my child as secured or authorized under this consent.

Medical Doctor (name, phone) \_\_\_\_\_

Dental Office (name, phone) \_\_\_\_\_

#### **Field Trip Consent:**

Our preschool visits places of interest in the community. We would like your permission for your child to participate in these experiences, as well as for walks in the neighborhood. If distance and weather permit we will walk, otherwise you are responsible for bringing your child to and from the field trip location. Parents will be notified prior to any field trip.

I DO \_\_\_\_\_ give permission for my child to accompany Bright Beginnings Preschool on field trips.

I DO NOT \_\_\_\_\_ give permission for my child to accompany Bright Beginnings Preschool on field trips.

#### **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 \_\_\_\_\_

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.
- ☐ **NO**, I do not give my consent for my child to be photographed for private classroom web apps (Instagram) OR 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 **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.

\_\_\_\_\_  
 Electronic parent/guardian signature

\_\_\_\_\_  
 Date