

Bright Beginnings West  
536 Lambs Road  
Pitman, NJ 08071

Phone # 856-256-1166  
Fax # 856-256-1572

**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

## 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: \_\_\_\_\_

**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? \_\_\_\_\_

\_\_\_\_\_