Start Date:

___/____/_____

BAY AREA HOSPITAL BRIGHT Beginnings LEARNING CENTER

License # CC503835

Information & Authorization 2024-2025

Child's Name: _____ DOB: _____

Child Statistics: Please provide the most accurate information possible

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Date Measured: _____

Birthmarks:

Parent/Guardian Information – *please **print** clearly – Only list custodial parents/guardians*

1st Parent/Guardian

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home/Cell #:_____ Work #_____

Email: _____

Employer: _____ BAH dept/supervisor: _____

2nd Parent/Guardian

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home/Cell #:_____ Work #_____

Email: _____

Employer: _____BAH dept/supervisor: _____

Custodial Information – check all that apply:

___Married/Together ___Separated/Divorced: Custody (___Mother ___Father ___Both) ___ Legal Guardian ___Foster

**when applicable, attach a copy of any legal documents regarding the restriction of non-custodial parents and/or proof of legal guardianship. We are not legally able to deny a parent access to their child without proper legal documentation.*

Emergency Contacts (minimum of 1)

In the event that we cannot reach a parent/guardian, the following people may be contacted in the event of an injury or emergency and are authorized to remove your child form Bright Beginnings Learning Center.

Full Name: _____ Relationship to child: _____ Phone: _____

Full Name: _____ Relationship to child: _____ Phone: _____

Additional Authorized Pick Up List: *The people listed below are authorized to remove your child from Bright Beginnings Learning Center*

Full Name: _____ Relationship to child: _____

Full Name: _____ Relationship to child: _____

Medical Information

Primary Physician: _____Phone: _____ Last exam: _____

Dentist: _____Phone: _____Last exam: _____

Insurance

Primary Medical Insurance: _____ Subscriber name: _____

Policy #: _____ Group/Plan #: _____

Hospital Preferences: all children will be taken to Bay Area Hospital for initial evaluation

Health History

My child has a history of the following: check all that apply

_____Vision difficulties _____Hearing difficulties _____Diabetes _____Heart difficulties _____Seizures
_____Speech difficulties _____Asthma _____Seasonal Allergies _____Other Allergies _____

Other Health concerns: _____

Medications: _____

Parental Permissions: (Bright Beginnings Learning Center as BBLC) initial each of the following statements

Photography Release: I give BBLC permission to use my child's picture for secured classroom and center/group posts (classroom and digital posting). _____initial. I give BBLC permission to use my child's picture anonymously for public use. _____ initial.

Center-Sponsored Special Occasions: I give permission for my child to participate in center-sponsored Cultural and Holiday Celebrations and Special Occasions where food may be served. _____initial.

Permission to Bathe: I give BBLC staff permission to bathe my child if necessary. _____initial

Medical Treatment Release: I give BBLC permission, in the event that I cannot be reached in an emergency, to call an ambulance, take my child to, or contact the physical or hospital listed above for treatment/care. BBLC may authorize medical treatment, or the performance of any procedure determined to be necessary, after consultation with EMS or physician, on my child. I accept all financial responsibility for necessary treatment and services for the benefit of my child's health and well-being. _____initial.

Medication Release: BBLC staff may administer non-prescription and prescription medications to my child. I understand that **all medications are provided by the parent/guardian, must be given to a staff member for proper storage, and must come in its original container.** Non-prescription medications include: sunscreen, OTC pain reliever, diaper creams and all ointments such as Chap Stick. _____initial.

Liability Release: Unforeseen events can occur at BBLC; even with appropriate staffing and planning. I agree to assume and accept all risks and hazards inherent in activities at BBLC. I agree that I will not hold this organization or its employees or volunteers liable for damages, losses, or injuries to my child to their belonging. ____initial.

Verification of Information

I attest that the information provided above is true and accurate as of the signature date.

Parent/Guardian signature: _____Date:_____