EMERGENCY MEDICAL AUTHORIZATION

I agree and by my signature give consent that in case of an accident or injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted as soon as possible.

Parent Signature:_______________________________ Date: ________________

Please list the following information for use in case of an emergency.

Physician's Name: ____

Physician's Address: ____

Physician's Telephone Number: ____________________________________

Dentist's Name: ____

Dentist's Address. ____

Dentist's Telephone Number: ______________________________________

Hours of Operation

Bright Beginnings Academy is open from 6:15a.m. to 6:00p.m. Monday - Friday Our policy limits the hours and days of care to those scheduled. If additional hours or days are needed please notify the office as soon as possible, we will make every effort to accommodate your needs

Child will attend (circle all that apply) Mon. Tue. Wed. Thurs. Fri.
Time child will be dropped off (normally) ____________________
Time child will be picked up (normally) ____________________

The fee will depend on how many days your child will be attending. Payment is due every Monday or on your child's first day of attendance. You may pay bi-weekly or monthly as long as you stay ahead.

Please fill out with short answers:

Does your child have any known allergies?____________________
If yes, please explain____________________
Is your child on any medication?____________________
Is your child fully potty trained?____________________

Teacher Portion

Does your child take naps?____________________
Does your child have any handicaps?____________________
What is your child's favorite food?____________________
What is your child's favorite toy or game?____________________
What is your child's best time of day?____________________
Does your child have any fears?____________________
Does your child have any dislikes?____________________
Does your child have any siblings? If yes, please list name & age.____________________

____

What type of discipline do you use at home?____________________

____

____

What do you use for a reward for good behavior?____________________

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Other helpful hints: