

*Bright Beginnings
Child Development Center, Inc.*

Family Permission Form

I agree/give my permission to/for the following (please sign full name):

_____ Bright Beginnings Child Development Center may provide transportation for my child.

_____ The staff of Bright Beginnings may administer first aid to my child in the event of an injury.

_____ The staff may contact Emergency Medical Services in the event of an emergency.

_____ The staff may take photos or videos of my child to be used in the classroom or in materials that may be circulated in the media (ie. Brochures, newspaper articles, etc.). Media permission would be necessary in such cases.

_____ My name and phone number may be included on a parent list to share with other parents.

_____ My child may participate in field trips and walks arranged by the center. Parents will be informed of the field trip location, date and time in advance.

_____ I agree to pay any additional costs for my child to attend the field trip.

_____ My child's development may be evaluated for purposes of planning our program.
This information will be shared with the parents at conferences.

_____ I permit the use of hand cream, desitin and diaper rash ointments, orajel, sunscreen (all to be provided by the parents).

_____ I permit staff to use center-provided wipes for diapering, sticky hands, etc.

_____ I am interested in a “getting to know you” meeting with my child’s teacher.

_____ I agree to provide Bright Beginnings with my child’s IEP/IFSP, if applicable.
Your child’s growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

I have read the above statements. I agree/give my permission to/for the items that I have signed.

Signature _____

Date _____

Date of enrollment _____