

AFTERSCHOOL

Route 37, Village Green
New Fairfield, CT 06812
(203) 746-5994



Background Information Form

PLEASE PRINT OR TYPE ALL INFORMATION

Child's Name _____ Sex _____

Birthdate _____ Place of Birth _____

Is any language other than English used in the home? _____

If so, describe _____

Address _____

Street _____
Town _____ Zip _____ Phone _____

Name of Mother or Guardian _____ Cell _____

Mother's home address _____ Home phone _____

Mother's occupation/company name _____ Work phone _____

Mother's work address _____ email _____

Name of Father or Guardian _____ Cell _____

Father's home address _____ Home phone _____

Father's occupation/company name _____ Work phone _____

Father's work address _____ email _____

Marital status of Parents _____ Custody _____

Visiting arrangements _____

Is there anyone to whom your child cannot be released? _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Relative or friend authorized to pick up your child in emergency or medical situation:

Name _____ Phone _____

Name _____ Phone _____

Additional contacts:

Name _____ Phone _____

Name _____ Phone _____

If child is adopted, list age at adoption _____ Is child aware of adoption? _____

List siblings and their ages _____

Are there other members of the household? If so, list first name, age and relationship: _____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? If so, please explain: _____

Does your child have any medical or emotional problems? If so, please explain: _____

Do you have concerns about any aspect of your child's development? _____

Circle illnesses that your child has had: Chicken Pox Mumps Measles Chronic Ear Infections

Does your child have Frequent Colds? Sore Throats? Stomach Aches? Fevers?

Has your child had any serious accidents or operations? _____ If so, please describe: _____

What are your child's favorite activities? _____

Does your child play well alone? In groups? Does your child accept correction easily? _____

What method of behavior control is used in your home? _____

Please note items below that describe your child:

Happy Stubborn Attentive Aggressive

Impulsive Sympathetic Friendly Shy

Moody Quiet Sleepy Clumsy

Good-natured Dependent Even-tempered

Other _____

Has your child been cared for by someone besides the family? _____ If so, please describe: _____

Has your child gone to preschool, daycare, or had other group play experiences before? _____

If so, please describe previous experiences: _____

What do you hope will be included in your child's afterschool program? _____

Parent Section

Do you have any special talents or interests or know any interesting people or businesses that would be of interest to children? Would these individuals be willing to share their knowledge with the children? Please list below: _____

Acceptance of School Policies

Upon acceptance of your child to the Bright Beginnings program it is necessary for each parent to have a conference with the Director and review the policy statement, complaint system and behavioral management techniques. I have read and understand all of the operating procedures of Bright Beginnings. I agree with the arrangements that have been made for my child.

Date _____ Parent Signature _____

Consent Forms/Emergency Consent

I give my permission to the person in charge at Bright Beginnings to make whatever emergency, i.e. first aid, disaster evacuation, measures as judged necessary for the care and protection of my child while under the supervision of the Center. These measures may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact the parent through any of the authorized persons listed to pick up the child in emergency or medical situations
4. In the event that #1-3 are not successful,
 - a) call another physician
 - b) call the paramedics
 - c) have the child taken to an emergency hospital
 - d) release the child taken to an authorized emergency contact

Date _____ Parent Signature _____

Permission to be Transported

I give permission to New Fairfield Bright Beginnings, Inc. to transport my child by ambulance, public busing system, or any other form of transportation. This includes, but is not limited to, emergency situations, evacuations, field trips/excursions and back and forth from public school.

Date: _____ Parent Signature _____

Field Trip and Excursions Consent

I give consent for my child, _____, to go on field trips and excursions from Bright Beginnings. This includes field trips to museums, orchards, town beach and other locations using the public busing system or walking excursions to town parks, nature centers, library, restaurants, vendors and other local destinations.

Date _____ Parent Signature _____

Photo Release Agreement

The undersigned hereby relinquishes all rights for use and reproduction of photographs and videos taken at Bright Beginnings. Bright Beginnings reserves all rights to use the said photographs and videos, at no cost to Bright Beginnings, to post in the center, share with families, post on center Web Site, Face Book, and other promotional /publicity materials for the center.

Photograph subject name _____

Date _____ Signature of Parent or Guardian _____

Address/Records Consent

I give permission to release my address and phone number to the parents of the Center

Date _____ Parent Signature _____

I give permission to forward my child's records to the school systems.

Date _____ Parent Signature _____