

INFANT/TODDLER

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



Background Information Form

PLEASE PRINT OR TYPE ALL INFORMATION

Child's Name _____ Sex _____

Preferred Nickname _____

Birthdate _____ Place of Birth _____

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

If so, describe _____

Address _____

Street _____
Town _____ State _____ Zip _____

Full Name of Mother or Guardian _____

Mother's home address _____ Phone Number 1 _____

Mother's occupation _____ Phone Number 2 _____

Mother's company name/work address _____

Mother's email _____

Best number to reach mother during school hours _____

Full Name of Father or Guardian _____

Father's home address _____ Phone Number 1 _____

Father's occupation _____ Phone Number 2 _____

Father's company name/work address _____

Father's email _____

Best number to reach father during school hours _____

Marital status of Parents _____ Custody _____

Visiting arrangements _____

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

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: _____

Any other household information you feel is important that we be aware of: _____

Does your family celebrate any special holidays or have any cultural needs that you would like us to be aware of? _____

Contacts authorized to pick up your child in an emergency situation: Must list **AT LEAST two**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Does your child have any special fears? _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

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

Does your child nap? _____ When? _____

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

Is your child potty trained? _____ What words do you use with your child to identify going to the bathroom? _____ How often does your child go

to the bathroom? _____ Does your child wear diapers/pull-ups? _____

Does your child use a bottle or pacifier at home? _____

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: _____

Does your child have any allergies/asthma? _____ If so, how treated? _____

What medications is your child currently taking? _____

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 correction is used in your home? _____

Please provide a few words that describe your child: _____

Has your child attended other childcare programs or playgroups? _____

If so, please describe the experience: _____

What do you hope will be included in this 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 and understand that I am making a 10 month commitment.

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 _____

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 _____