

Bright Beginnings Child Care Ministry

285 Seminary Street

Roanoke, In 46783

Emergency Contact Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child lives with (Circle One) Mother    Father    Both    Parents Other (specify) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Names of other contact/authorized persons to pick up child:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

In case of sudden illness or serious accident, Bright Beginnings Child Care will:

1. Give necessary First Aid
2. Contact parent to take responsibility for medical treatment and care.
3. Contact alternative in above order if parent is unavailable.

Bright Beginnings Child Care has permission to follow these procedures and to release my child to any of the persons listed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

285 Seminary Street

Roanoke IN 46783

Bright Beginnings Child Care Permission Slip

\_\_\_\_\_ has my permission to go on any field trip which has been scheduled by Bright Beginnings Child Care. I understand that I will be notified in advance of any such trips. If transportation or field trip entrance fees are involved, I will pay the additional cost.

If I do not wish for my child to go on a particular trip, I understand that accommodations will be made for my child in another classroom.

---

Parent/Guardian Signature

Date