

Bright Beginnings Child Care Ministry

285 Seminary Street

Roanoke, In 46783

Emergency Contact Information

Child's Name _____ Birthdate _____

Child lives with 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 _____

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 _____

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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