

Beyond Our Dreams Preschool's Child Emergency Contact Information

Preschool Program

Date Last Updated (dd/mm/yyyy):

Child's Information	
Full Legal Name:	Preferred Name (where applicable):
Date of Birth (dd/mm/yyyy):	
Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):	
-Preschool Use Only-	
Parent	Parent
Full Legal Name:	Full Legal Name:
Relationship to child:	Relationship to child:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:
Emergency Contact	Emergency Contact
Full Legal Name:	Full Legal Name:
Relationship to child:	Relationship to child:
Preferred Phone Number:	Preferred Phone Number:
Alternate Phone Number:	Alternate Phone Number:

Beyond Our Dreams Preschool's Child Media Consent Information

Please be advised that during the school year your child may be photographed or videotaped by their teachers. With your consent, the photograph or video may be reproduced and released for use in the media, newspaper, videos, AI (artificial intelligence,) television, the internet, beyondourdreams.ca and social media platforms such as Facebook and Instagram.

Student's Full Name: _____

☐ Yes, my child's photograph/video **may** be reproduced and released for use in the media and used in the class' ClassDojo application.

☐ No, my child's photograph/video **may not** be reproduced and released for use in the media but **can** be used in the class' ClassDojo application.

☐ No, my child's photograph/video **may not** be reproduced and released in any format including for use in the media and in the class' ClassDojo application.

Parent's Full Name: _____

Parent's Signature: _____

Date: _____