

# INFANT/TODDLER

74 Route 37  
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 \_\_\_\_\_

## Brightwheel App Photo Release Agreement

Bright Beginnings uses Brightwheel to communicate with parents and to share your child's day including taking photos, videos and logging activities. Please be advised that Bright Beginnings may take group photos that get sent to families via the Brightwheel app.

I give my permission for my child to be in group photos via the Brightwheel app.

Date \_\_\_\_\_ Signature of Parent of 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 \_\_\_\_\_