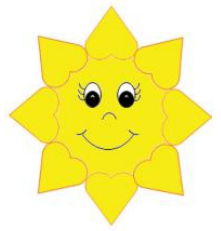


Bright Beginning Student Application



Application Fee: (\$20) _____

Regular School Hours:

Mon, Tues, Thurs, Fri: 7:30am - 2:00 pm

Wed: 7:30am - 1:00 pm

After School Care:

Option 1: 7:30am - 3:30 pm

Option 2: 7:30am - 4:00 pm

Yes

No

Student Information:

Student Legal Name: _____

First

Last

Middle Initial

If different than legal name, what name would you like your child to be called (we will use this name to label their supplies and refer to them by): _____

Date of Birth: _____

MM/DD/YYYY

Sex (circle one): Male Female

Mailing Address: _____

Street

City

Phone 1: _____

Phone 2: _____

Email: _____

Legal Guardian 1: _____ Legal Guardian 2: _____

Occupation: _____ Occupation: _____

Work Place: _____ Work Place: _____

Work Phone: _____ Work Phone: _____

Medical Information:

Doctor: _____ Phone: _____

Allergies: _____ Medical Conditions: _____

Additional Emergency Contact: (Please do not repeat contact phone numbers from Phone 1 and Phone 2)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Bright Beginning Legal Medical Care Permit

Student's Legal Name: _____

First

Last

Middle Initial

Date of Birth: _____ Sex: Male Female Phone: _____
MM/DD/YYYY

Home Address: _____

Mother/Legal Guardian:

Father/Legal Guardian:

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Phone: _____ Phone: _____

EMERGENCY CONTACT INFORMATION: Please list names of two (2) adults you authorize to act as contacts and who can give permission for treatment in the event your child becomes ill or is injured and we are unable to contact you.

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Other Phone: _____

Other Phone: _____

Home Address: _____

Home Address: _____

Relationship: _____

Relationship: _____

HEALTH INSURANCE/PHYSICIAN INFORMATION

Insurance Company: _____ Hospital Choice: _____

PARENTAL CONSENT FOR TREATMENT AND WAIVER

General Care: As Bright Beginning provides limited first aid care in their preschool program, We hereby consent to authorize as much medical treatment for our child as deemed necessary by the staff at school.

Referral: We authorize the staff to refer our child, or to consult with physicians or facilities they deem necessary or appropriate.

Our preference (which is not mandatory) in the event of such referral or consultation is stated herein.

Emergency Care: In the event of serious illness or injury to our child, Bright Beginning may give emergency care or treatment, but is not obligated. We authorize the staff to arrange for such emergency care or treatment as may be directed by the State of Hawaii Department of Human Services and explained in the parent handbook, including first aid to our child as the staff deems necessary under the circumstances, without our prior consent, with the understanding that we will be notified as soon as possible.

Release: In consideration of child's enrollment in Bright Beginning and on behalf of ourselves, our personal representatives, our heirs, and our child, We waive and release any and all claims against Bright Beginning and its employees, in both their personal and professional capacities, for injuries liabilities, losses or damages connected with or arising out of the rendering of medical treatment to our child. We agree to indemnify and hold harmless, Bright Beginning from and against any and all claims, proceedings, injuries, losses, damages, and expenses including attorney fees and costs relating to the rendering of medical treatment to our child.

We have read and understand the contents of this statement and confirm that we agree and are signing this statement on our own free act.

Mother's Signature

Father's Signature

Date



Bright Beginning Photo Release and Media Consent Form

Dear Parents,

Please be aware that your child may be photographed or video taped at various school activities and events. Bright Beginning is seeking your consent to take, retain, use and disclose photographs, videos, images and/or first names of students and groups of students in a variety of publications and on the schools' website for educational purposes and for the purpose of informing others about the school and its programs and activities. This could include the following:

- School communications such as newsletters, brochures and reports;
- School websites, blogs, and social media channels;
- External media communications such as newspapers, online publications, and community events, including media photographs and interviews for events relating to the school;
- Video, CDs, and DVDs for educational use.

_____ YES! I hereby authorize Bright Beginning Preschool to publish photographs taken of my child for educational, non-commercial use. I release and hold harmless Bright Beginning Preschool from any reasonable expectation of privacy or confidentiality associated with the images mentioned above. I hereby release Bright Beginning, its employees, and any parents or chaperones involved in the creation or publication of said materials from liability for any claims by me or any third party in connection with my child's participation.

_____ No! I do NOT want my child photographed or video taped, nor do I want their name, image, or work publicly displayed outside of Bright Beginning's classrooms.

Please Print

Child's Name: _____

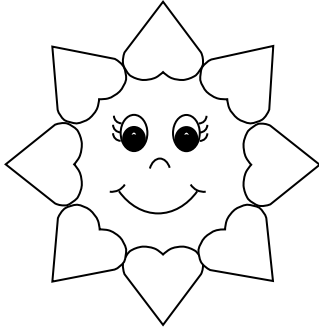
Address: _____

City, State, Zip: _____

Phone: _____

Parent Signature

Date



**BRIGHT BEGINNING
PICK UP AUTHORIZATION**

Student's name: _____

**I, _____, give my permission for
the following people to sign my child out of school:**

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

**If there are any changes to this list, I will notify the school as
soon as possible.**

Date

Parent Signature